

Case No. 18150386

CAD Event No.:

Primary Victim:

E5260303

Arrest Case Disposition:

Report No.

(b)(5)(B)18150386.1 Page 1 of 9 ARREST REPORT LOCAL OUT JUVENILE CONTACT REPORT WARRANT: GENERAL CASE INFORMATION Primary Charge 273.5 (A) - PC - SPOUSAL/COHABITANT ABUSE WITH MINOR INJURY (F) Special Studies: Location, City, State, ZIP Montecito Rd, Ramona, CA 92065 09/27/2018 17:15:00 (Thursday) Beat: Call Source: Ramona - RAMONA **ADMIN** 430 22 - Inflicted Injury 01 - Alcohol a factor in action 56 - Suspect/s used Threats 03 - Related to Controlled Substances 60 - Drunk on Alcohol or Drugs 07 - To satisfy personal need or desire VICTIM/S Victim #1 Person Code: X Law Enforcement Officer Secured Premise Discovered Crime Reporting Party Victim Type (b)(5)(B) (b)(5)(B) I - Individual ALIAS / AKA / NICKNAME / MONIKER: Suffix: Name Type First: Middle Last: Victim Of 273.5 (A) - PC - SPOUSAL/COHABITANT ABUSE WITH MINOR INJURY (F) (b)(5)(B)166 (A)(4) - PC - CONTEMPT OF COURT: DISOBEY COURT ORDER (M) Place of Birth: Undocumented: Res Country (b)(5)(A) (b)(5)(B) (b)(5)(B)(b)(5)(B)(b)(5)(B)(b)(5)(B)(b)(5)(A) CONTACT INFORMATION: (b)(5)(A)MP - Mobile Phone IDENTI Country: (b)(5)(A) **DLN - Drivers License Number** CA Extent of Treatment: Violent Crime Circumstances: TAN SHIRT AND BLACK PANTS M - Apparent Minor 01 - None Injury LAW ENFORCEMENT OFFICER Type: Type Activity: Type Assignment: KILLED OR ASSAULTED INFORMATION VICTIM OFFENDER RELATIONSHIPS Offender: Relationship: CARMONA, JOSE SE - Victim Was Spouse IBR/UCR OFFENSE/S Offense Description Against: Completed? Counts 273.5 (A) - PC - SPOUSAL/COHABITANT ABUSE WITH MINOR PΕ Yes A - Alcohol INJURY (F) **Drugs/Narcotics** Hate/Bias: Location Type: Domestic Violence: 13 - Highway/Road/Alley 88 - None (No Bias) Yes Gang Related: Point of Entry: Type Security: Entry Criminal Activity No

| Reporting Officer | Division / Organization | Reviewed By | |
|----------------------------------|---|-----------------------------------|--|
| SH0081 - WILDS, JESSICA | Ramona Substation RAMONA PATROL | SH2832 - SAMUELS III, ROBERT | |
| Report Date 9/27/2018 6:35:09 PM | Detective Assigned SH3771 - SOBCZAK, EVAN | Reviewed Date 11/07/2018 07:33:48 | |



Case No. 18150386

CAD Event No.: **E5260303**

Case Disposition: Arrest

Primary Victim: (b)(5)(B) Report No. 18150386.1 Page 2 of 9

| Weapons/Force: Tools: | | ļ | | Targets: | | | | |
|---|----------------------|--|---------------------------|----------|----------|------------|---------------------------------------|---|
| 40 - Personal Weapons | | | | | | | | |
| (Threats, Hands, Fists, Feet, | | | | | | | | |
| etc.) | | | | | | | | |
| Offense Description: | | | Level: | Aga | inst: | Completed? | Counts | Using: |
| 148 (A)(1) - PC - OBSTRUCT/RESIST PEACE OFCR/EMER | | | М | | | Yes | | A - Alcohol |
| MED TECH (M) | | | | | | | | D - |
| mes rearr (m) | | | | | | | | Drugs/Narcotics |
| Location Type: Hate/Bias: | | | l | ı | | | Domestic Vi | |
| 201 - Apartment/Condo | | 88 - None (No Bias |) | | | | No | |
| Criminal Activity: | Type Securit | y: | Gang R | elated: | Entry: | | Point of Entr | y: |
| | | | No | | | | | |
| Weapons/Force: | Tools: | | | | Targets: | | | |
| | | | | | | | | |
| Offense Description: | | | Level: | Aga | inst: | Completed? | Counts | Using: |
| 166 (A)(4) - PC - CONTEMPT OF C | OURT:DI | SOBEY COURT | M | | | Yes | | N - Not Applicable |
| ORDER (M) | | | | | | | | |
| ONDEN (IVI) | | | | | | | | |
| Location Type: | | Hate/Bias: | | | | | Domestic Vi | olence: |
| | | Hate/Bias: 88 - None (No Bias |) | | | <u>I</u> | No Domestic Vi | I olence: |
| Location Type: | Type Securit | 88 - None (No Bias |) Gang R | elated: | Entry: | | | |
| Location Type: 08 - Department/Discount Store Criminal Activity: | Type Securit | 88 - None (No Bias | | elated: | Entry: | | No | |
| Location Type: 08 - Department/Discount Store | Type Securit | 88 - None (No Bias | Gang R | elated: | Entry: | | No | |
| Location Type: 08 - Department/Discount Store Criminal Activity: | ,, | 88 - None (No Bias | Gang R | elated: | | | No | |
| Location Type: 08 - Department/Discount Store Criminal Activity: Weapons/Force: Offense Description: | Tools: | 88 - None (No Bias | Gang R | | | Completed? | No | |
| Location Type: 08 - Department/Discount Store Criminal Activity: Weapons/Force: Offense Description: | Tools: | 88 - None (No Bias | Gang R No | | Targets: | Completed? | No Point of Entr | у: |
| Location Type: 08 - Department/Discount Store Criminal Activity: Weapons/Force: | Tools: | 88 - None (No Bias | Gang R No Level: | | Targets: | · | No Point of Entr | y: Using: |
| Location Type: 08 - Department/Discount Store Criminal Activity: Weapons/Force: Offense Description: | Tools: | 88 - None (No Bias | Gang R No Level: | | Targets: | · | No Point of Entr | y: Using: A - Alcohol D - |
| Location Type: 08 - Department/Discount Store Criminal Activity: Weapons/Force: Offense Description: | Tools: | 88 - None (No Bias | Gang R No Level: | | Targets: | · | No Point of Entr | y: Using: A - Alcohol D - Drugs/Narcotics |
| Location Type: 08 - Department/Discount Store Criminal Activity: Weapons/Force: Offense Description: 3453 (Q) - PC - FLASH INCARCER | Tools: | 88 - None (No Bias | Gang R No Level: | | Targets: | · | No Point of Entr | y: Using: A - Alcohol D - Drugs/Narcotics |
| Location Type: 08 - Department/Discount Store Criminal Activity: Weapons/Force: Offense Description: 3453 (Q) - PC - FLASH INCARCER Location Type: | Tools: | 88 - None (No Bias y: Hate/Bias: 88 - None (No Bias | Gang R No Level: O Gang R | Aga | Targets: | · | No Point of Entr Counts Domestic Vi | Using: A - Alcohol D - Drugs/Narcotics |
| Location Type: 08 - Department/Discount Store Criminal Activity: Weapons/Force: Offense Description: 3453 (Q) - PC - FLASH INCARCER Location Type: 201 - Apartment/Condo Criminal Activity: | Tools: Type Securit | 88 - None (No Bias y: Hate/Bias: 88 - None (No Bias | Gang R No Level: O | Aga | Targets: | · | No Point of Entr Counts Domestic Vi | Using: A - Alcohol D - Drugs/Narcotics |
| Location Type: 08 - Department/Discount Store Criminal Activity: Weapons/Force: Offense Description: 3453 (Q) - PC - FLASH INCARCER Location Type: 201 - Apartment/Condo | Tools: | 88 - None (No Bias y: Hate/Bias: 88 - None (No Bias | Gang R No Level: O Gang R | Aga | Targets: | · | No Point of Entr Counts Domestic Vi | Using: A - Alcohol D - Drugs/Narcotics |
| Location Type: 08 - Department/Discount Store Criminal Activity: Weapons/Force: Offense Description: 3453 (Q) - PC - FLASH INCARCER Location Type: 201 - Apartment/Condo Criminal Activity: | Tools: Type Securit | 88 - None (No Bias y: Hate/Bias: 88 - None (No Bias | Gang R No Level: O Gang R | Aga | Targets: | · | No Point of Entr Counts Domestic Vi | Using: A - Alcohol D - Drugs/Narcotics |

Arrestee #1



| Name: | County Residence: | Interpreter Language: | | | | | | |
|---------------|-------------------|-----------------------|--|--|--|--|--|--|
| CARMONA, JOSE | R - Resident | EN - English | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| ALIAS / AKA / NICKNAME / MONIKER: | | | | | | | |
|-----------------------------------|--------|---------------|-----------------|---------------|--|--|--|
| Name Type: | First: | Middle: | Last: | Suffix: | | | |
| | | | | | | | |
| Home Address, City, State, ZIP: | | Res. Country: | Place of Birth: | Undocumented: | | | |
| (b)(5)(A) | | US | | | | | |

| Reporting Officer | Division / Organization | Reviewed By | | |
|----------------------------------|---|-----------------------------------|--|--|
| SH0081 - WILDS, JESSICA | Ramona Substation RAMONA PATROL | SH2832 - SAMUELS III, ROBERT | | |
| Report Date 9/27/2018 6:35:09 PM | Detective Assigned SH3771 - SOBCZAK, EVAN | Reviewed Date 11/07/2018 07:33:48 | | |

Report Date

9/27/2018 6:35:09 PM

San Diego County Sheriff's Department **Arrest/Juvenile Contact Report**

18150386 Case No.

18150386.1

E5260303 CAD Event No.:

Primary Victim:

(b)(5)(B)

Arrest Case Disposition:

Report No.

| Race: | Sex: | Date of Birth | ı / Age: | Height: | Weight: | Hair Color | : Eye Col | or: | Facial Hair: | | | Complex | kion: | |
|-------------------------|-------------|--------------------------|-----------------------|----------------------------|--------------------------------|--------------------------|-------------------------|-------------------------|------------------------------|---------------|----------------|------------|------------------|-----------|
| н | М | (b)(5)(| | 5' 5" | 130 | BRO | BRO | | 03 - Full Bea Mustache | ard and | ı | TAN - | - Tann | ed |
| Hair Style S - Str | | | air Length: | | Build: THI - Thi | n | | Teeth: | | | Suspec | cted User: | | |
| Employme | ent Status | s: O | ccupation/Gra | | Employer/Sch | | | | Employer Address, | , City, State | e, ZIP: | | | |
| U - Un | emplo | yed | | | | CONTA | CT INFORMA | TION: | | | | | | |
| Type: | | | | | | 00.11.7 | | /Address: | | | | | | |
| | | | | | | IDE | ENTIFICATION | l: | | | | | | |
| Type: | Drivo | s License | | Number: (b)(5)(A) | | | State: | | | Co | ountry: | | | |
| Numb | _ | 3 LICEIISE | | (0)(0)(1) | | | | | | | | | | |
| Attire: | | | | | (| SCARS, MARI | KS, TATTOOS | , ODDITIE : Actions: | ES: | | | | | |
| Auro. | | | | | | | , | | | | | | | |
| | | | | | LE Dispositi | | T INFORM | ATION JUS 750 | Tuno: | Citation | n No : | | | |
| O - Pro | | Cause Ar | rest - Nev | v Case | | ny (Adul | t Only) | 2 - Bo | • | Citation | II NO | | Bookin | g No.: |
| Arrested F | For: | | | | | , (, | · • · · · · · · · | | | | Level: | Complet | ed: | Counts: |
| | | C - FLASH | | ERATION ABITANT A | BUSE W | ITH MINO | OR INJUE | Y (F) | | | O F | Yes | | |
| | | | | SIST PEAC | | | | | | | M | Yes | | |
| | | PC - CONT | EMPT OF | COURT:D | | COURT | ORDER (I | /) | | | M | Yes | | |
| Arrested SH008 | • | LDS, JESS | SICA | Arrest Date 09/27/2 | and Time: 018 17:1 ! | | est Location, C | ity, State, cito R | ZIP: Ramon | na. CA 9 | 92065 | | Beat: 430 | |
| Arrest Ass | sisted By: | | | | | | | | Transported By: | | | | | |
| | | HNSTON, ERMAIN, B | | | | | | | SH2602 - JOI | HNSIO | N, PHILIP | • | | |
| Miranda F | | Admonished By | | | Miranda R | desponse: | | | Jail Billing Code: | | | | ed Locati | |
| No | | | | | | | | | SD Sheriff's | Office | | Sar Jai | _ | o Central |
| Armed W | | | | | | Use of For | rce to effect Ar | est: | | | | Jour | | |
| 01 - U | narme | d | | | | | UVENILES | | | | | | | |
| Adult Pres | sent: | | Pers | on Notified: | | | Juvenile Dispo | | | De | etention Name: | | | |
| | | | | | | | | | | | | | | |
| Parents N | lotified By | : | | Notification M | lethod: | | Date | and Time | e Notified: | Ju | venile Release | ed To: | | |
| | | | • | | | | E INFORM | IATION | I | ļ. | | | | |
| Released | Location | | Released | On: | | | Released By: | | | | Release R | Reason: | | |
| l | | | 1 | | | | | | | | I | | | |
| | | | | | 1 | | S (Not Yet) ITNESSES | | d) | | | | | |
| Witnes | s #1 | | | | | · | /IINESSES |) | | | | | | |
| Person Co | | Secured P | remise | Discovered | Crime | Repo | rting Party | | Law Enforcement Office | cer | | | | |
| Witness T Code: | уре | 01-Arrestir | ng Officer | 06-Other La | ay Witness | 07-Na | arc Chemist | | 12-Other Expert | 13 | -Investigator | | 14-Other | |
| Name: | /E\/E | \ <u> </u> | | | | | | Person | Code: | | | | Residence |): : |
| (D) | (5)(E | | | | | | | | | | | (b)(| 5)(B) | |
| Name Typ | pe: | | First: | | | ALIAS / AKA / Middle: | / NICKNAME / | MONIKE | R: Last: | | | Suffix: | | |
| | | | | | | | | | | | | | | |
| Home Ad | dress, Cit | y, State, ZIP: (b)(5) | (A) | | | Res. Coun | ntry: | | Place of Birth: | | | Undocur | mented: | |
| Race: | Sex: | Date of Birth | i / Age: | Height: V (b)(5)(B) (b) | /eight: (5)(B) | Hair Color: | Eye Col | or: | Facial Hair: |)\ | | Complex | kion: | |
| Employme | ent Status | |)(A) Occupation/Gr | | mployer/Scho | | | | (b)(5)(E | ss, City, Sta | ate, ZIP: | (D) | (5)(B) | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Reporting | Officer | | | | | Division / Orga | | | Re | eviewed By | / | | | |
| SH0081 - WILDS, JESSICA | | | | | | ona Substation | | | SH2832 - SAMUELS III, ROBERT | | | | | |

Reviewed Date

11/07/2018 07:33:48

RAMONA PATROL Detective Assigned



N - None

Witness Type

Code:

(b)(5)(B)

Witness #4
Person Code:

Secured Premise

01-Arresting Officer

Discovered Crime

06-Other Lay Witness

San Diego County Sheriff's Department Arrest/Juvenile Contact Report

Case No. 18150386

CAD Event No.: **E5260303**

Case Disposition: Arrest

4

18150386.1 Primary Victim: Report No. (b)(5)(B)Page 4 of 9 CONTACT INFORMATION: Number/Address **MP - Mobile Phone** (b)(5)(A) Number: Country: Injury: Extent of Treatment: N - None 01 - None Witness #2 Person Code: Secured Premise Discovered Crime Reporting Party Law Enforcement Officer Witness Type 14-Other 01-Arresting Officer 06-Other Lay Witness 07-Narc Chemist 12-Other Expert 13-Investigator Code: Person Code: (b)(5)(B) (b)(5)(B)ALIAS / AKA / NICKNAME / MONIKER: Name Type: First: Last: Suffix: Home Address, City, State, ZIP Res. Country: Place of Birth Undocumented: (b)(5)(A) (b) (b Employment Status: (b)(5)(B)(b)(5)(B) (b)(5 Employer/School (b)(5) (b)(5)(E(b)(5)(A)(b)(5)(1y, State, ZIP: (b)(5)(B)(b)(5)(B) (b)(5)(B)(b)(5)(B)CONTACT INFORMATION: WP - Work Phone (b)(5)(A) IDENTI Type: Number: Country: Extent of Treatment: N - None 01 - None Witness #3 Person Code: Secured Premise Discovered Crime Reporting Party Law Enforcement Officer Witness Type 01-Arresting Officer 06-Other Lay Witness 07-Narc Chemist 12-Other Expert 13-Investigator 14-Other Code: Person Code: (b)(5)(B)(b)(5)(B)ALIAS / AKA / NICKNAME / MONIKER: First: Name Type: Last: Suffix: Home Address, City, State, ZIP Res. Country: Place of Birth: Undocumented: (b)(5)(A)Weight: (b)(5)(B)(b)(5)(A)(b)(5 (b)(5)((b)(5)(E Employer/School City, State, ZIP: CONTACT INFORMATION: Number/Address MP - Mobile Phone (b)(5)(A)IDENTIF Number: Country: Extent of Treatment:

| Reporting Officer | Division / Organization | Reviewed By | | |
|----------------------------------|---|-----------------------------------|--|--|
| SH0081 - WILDS, JESSICA | Ramona Substation RAMONA PATROL | SH2832 - SAMUELS III, ROBERT | | |
| Report Date 9/27/2018 6:35:09 PM | Detective Assigned SH3771 - SOBCZAK, EVAN | Reviewed Date 11/07/2018 07:33:48 | | |

Reporting Party

07-Narc Chemist

01 - None

Law Enforcement Officer

13-Investigator

14-Other

(b)(5)(B)

12-Other Expert

Person Code:

Case No. 18150386

CAD Event No.: **E5260303**

Case Disposition: Arrest

5

Primary Victim: (b)(5)(B) Report No. 18150386.1

| Name Spec: Frest: Middle: Last: Suffice: Modeles. Last: Suffice: Last | | | | AL | .IAS / AKA / NI(| CKNAME / MONIKER | <: | | |
|--|-----------------------|-----------------|---------------------|------------------|------------------|--------------------|------------------------|---------------|---------------|
| Topic | Name Type: | | First: | | | | | | Suffix: |
| Topic | Home Address, Cit | ty, State, ZIP: | | | Res. Country: | | Place of Birth: | | Undocumented: |
| Temployment Status: | | | | | (b)(5)(E | | İ | | |
| Type: Number(Address: Number(Address: Number(Address: Number(Address: Number(Address: Number(Address: Number(Address: Number(Address: Number(Address: Number(Number(Address: Number(Num | Race: Sex: (b) (b) | (b)(5) | Age: Height: | Weight: | Hair Color: | Eye Color: | Facial Hair: | | Complexion: |
| Number State Country | Employment Status | s: O | ccupation/Grade: | Employer/School: | | | Employer Address, City | , State, ZIP: | |
| Number State Country | | | | | CONTACT | INFORMATION: | | | |
| State Country | Type: | | | | CONTACT | | | | |
| State Country | | | | | | | | | |
| Tolyury Extent of Treatment: O1 - None OTHER ENTITIES | Type: | | Number ⁻ | | IDENT | | | Country: | |
| N - None | . 70. | | | | | | | Joanny. | |
| Property Item #1.000 - BODY WORN CAMERA VIDEO Derivative No.: 0 | Injury: | | l . | | | Extent of Treatmen | nt: | l . | |
| PROPERTY Property Item #1.000 - BODY WORN CAMERA VIDEO Derivative No.: 0 | N - None | | | | | 01 - None | | | |
| PROPERTY Property Item #1.000 - BODY WORN CAMERA VIDEO Derivative No.: 0 | | | | | | | | | |
| Property Item #1.000 - BODY WORN CAMERA VIDEO | | | | | OTHER | ENTITIES | | | |
| Derivative No.: 0 | | | | | | PERTY | | | |
| Status: 1-Information Only Count: 8 | | m #1.000 - | BODY WORN C | AMERA V | DEO | | | | |
| Model Model Year: | | 0 | Property Category: | | | | | | <u> </u> |
| Serial No.: Model Year: OAN: | | I - Informa | tion Only | | | Value | 9: | | |
| Color: Body Style: Body Style: Cowner: Evidence Tag: Drug Type: Search Warrant: Notes: WILDS (3) GERMAIN (2) JOHNSTON (2) BUCKLEY (1) Property Item #2.000 - COMPACT DISC OF PHOTOGRAPHS Derivative No: Status: Status: Status: Status: Status: Body Style: Golor: Color: Color: Color: Color: Color: Color: Disposition: Recovered/ Seized Date: Date: Doily Open Special No: Color: Color: Color: Caliber: Recovered/ Seized Date: Disposition: Disposition: Evidence Tag: Alert(s): Drug Quantity: Search Warrant: Notes: | | • | | | | | | | |
| Body Style: Date: | | | | | | OAN: | | | |
| Date: Disposition: | | | | | | | | | |
| Owner: Disposition: Evidence Tag: Alert(s): Drug Type: Drug Quantity: Search Warrant: Notes: WILDS (3) GERMAIN (2) JOHNSTON (2) BUCKLEY (1) Property Item #2.000 - COMPACT DISC OF PHOTOGRAPHS Derivative No.: 0 Property Category: 1311 - Recording - Interview or Case related - Video/Photo CD, DVD, Tape, Film, Digital storage, Negative Status: ES - Evidence (Seized) Count: 1 Value: Manufacturer: Model: Serial No.: Model Year: OAN: Color: Caliber: Body Style: Recovered/ Seized Date: Date: Oyner: Disposition: Evidence Tag: Alert(s): Drug Type: Drug Quantity: Search Warrant: Notes: | Body Style: | | | Recovered | | | | | |
| Drug Type: Search Warrant: Notes: WILDS (3) GERMAIN (2) JOHNSTON (2) BUCKLEY (1) Property Item #2.000 - COMPACT DISC OF PHOTOGRAPHS Derivative No.: 0 Property Category: 1311 - Recording - Interview or Case related - Video/Photo CD, DVD, Tape, Film, Digital storage, Negative Status: ES - Evidence (Seized) Count: 1 Value: Manufacturer: Model: Serial No.: Model Year: OAN: Color: Caliber: Body Style: Recovered/ Seized Date: Date: Downer: Disposition: Evidence Tag: Alert(s): Drug Type: Drug Quantity: Search Warrant: Notes: | Owner: | | | Disposit | | | | | |
| Search Warrant: Notes: WILDS (3) GERMAIN (2) JOHNSTON (2) BUCKLEY (1) Property Item #2.000 - COMPACT DISC OF PHOTOGRAPHS Derivative No.: 0 Property Category: 1311 - Recording - Interview or Case related - Video/Photo CD, DVD, Tape, Film, Digital storage, Negative Status: ES - Evidence (Seized) Count: 1 Value: Manufacturer: Model: Serial No.: Model Year: OAN: Color: Caliber: Body Style: Recovered/ Seized 09/27/2018 Date: 09/27/2018 Disposition: Evidence Tag: Alert(s): Drug Type: Drug Quantity: Search Warrant: Notes: | Evidence Tag: | • | | Aler | :(s): | | | | |
| Notes: WILDS (3) GERMAIN (2) JOHNSTON (2) BUCKLEY (1) Property Item #2.000 - COMPACT DISC OF PHOTOGRAPHS Derivative No.: 0 | Drug Type: | | | Drug Quan | tity: | | | | |
| Property Item #2.000 - COMPACT DISC OF PHOTOGRAPHS Derivative No.: 0 | Search Warrant: | | | | , | | | | |
| Property Item #2.000 - COMPACT DISC OF PHOTOGRAPHS Derivative No.: 0 | Notes: | WILDS (3) | GERMAIN (2) JO | HNSTON (2) | BUCKLE | Y (1) | | l . | |
| Derivative No.: 0 Property Category: 1311 - Recording - Interview or Case related - Video/Photo CD, DVD, Tape, Film, Digital storage, Negative Status: ES - Evidence (Seized) Count: 1 Value: Manufacturer: Model: Serial No.: Model Year: OAN: Color: Caliber: Body Style: Recovered/ Seized Date: Disposition: Evidence Tag: Alert(s): Drug Type: Drug Quantity: Search Warrant: Notes: | Proporty Ito | | | | | | | | |
| Video/Photo CD, DVD, Tape, Film, Digital storage, Negative Status: ES - Evidence (Seized) Count: 1 Value: Model: Serial No.: Model Year: OAN: Color: Caliber: Body Style: Recovered/ Seized Date: Disposition: Evidence Tag: Alert(s): Drug Quantity: Search Warrant: Notes: Notes: Date: Drug Counts | | | Property Category: | | | | 'aca ralatad | | |
| Status: ES - Evidence (Seized) Model: Serial No.: Color: Body Style: Owner: Evidence Tag: Drug Type: Search Warrant: Notes: | | U | | | | | | | |
| Status: ES - Evidence (Seized) Count: 1 Value: Manufacturer: Serial No.: Color: Body Style: Owner: Evidence Tag: Drug Type: Drug Type: Search Warrant: Notes: | | | | | ito CD, DV | D, Tape, Tilli | i, Digital Storage, | | |
| Manufacturer: Model: Serial No.: Model Year: OAN: Color: Caliber: Body Style: Recovered/ Seized Date: 09/27/2018 Owner: Disposition: Evidence Tag: Alert(s): Drug Type: Drug Quantity: Search Warrant: Notes: | Status: | FS - Fyide | nce (Seized) | | unt: 1 | Value | 9: | | |
| Color: Body Style: Recovered/ Seized Date: Owner: Disposition: Evidence Tag: Drug Type: Drug Quantity: Search Warrant: Notes: | Manufacturer: | 20 21140 | illoo (Golzou) | Mo | | | | | |
| Body Style: Owner: Disposition: Evidence Tag: Drug Type: Drug Quantity: Notes: | Serial No.: | • | | Model Y | ear: | OAN: | • | | |
| Owner: Disposition: Evidence Tag: Alert(s): Drug Type: Drug Quantity: Search Warrant: Notes: | Color: | | | Cali | per: | ı | | | |
| Owner: Disposition: Evidence Tag: Alert(s): Drug Type: Drug Quantity: Search Warrant: Notes: | Body Style: | | | Recovered | | 9/27/2018 | | | |
| Evidence Tag: Alert(s): Drug Type: Drug Quantity: Search Warrant: Notes: | Owner ⁻ | | | Disposit | Date: | | | | |
| Drug Type: Search Warrant: Notes: | | | | - | | | | | |
| Search Warrant: Notes: | | | | | . , | | | | |
| Notes: | | | | 5 - 24411 | • | | | | |
| | | | | | | | | | |
| REPORT NARRATIVE | | | | | | | | | |
| - | | | | | REPORT | NARRATIVE | | | |
| | | | | | | | | | |

SYNOPSIS

Jose Carmona violated several conditions of his probation. As a result, Jose's probation officer issued a violation of 3453(q) PC.

| Reporting Officer | Division / Organization | Reviewed By | | |
|----------------------------------|---|-----------------------------------|--|--|
| SH0081 - WILDS, JESSICA | Ramona Substation RAMONA PATROL | SH2832 - SAMUELS III, ROBERT | | |
| Report Date 9/27/2018 6:35:09 PM | Detective Assigned SH3771 - SOBCZAK, EVAN | Reviewed Date 11/07/2018 07:33:48 | | |

Case No. 18150386

18150386.1

CAD Event No.: **E5260303**

Case Disposition: Arrest

Report No.

6

Primary Victim: (b)(5)(B)

Jose was the restrained party in a Criminal Protective Order listing his wife output as the protected party, output and During the investigation of disclosed that Jose had physically assaulted her on 9/27/2018. Output of Subject of

Jose was uncooperative and resisted arrest. A use of force ensued and Jose was injured as a result. Jose was in violation of 148 (A)(1) PC- Resist Arrest by a peace officer.

Jose was arrested and charged with 3453PC- Flash Incarceration, 1669(A)(4)- Contempt of Court: Disobey Court Order, 273.5PC- Domestic Violence with Minor Injury, and 148(A)(1)PC- Obstruct/Resist Peace Officer. He was transported and booked into custody at the San Diego Central Jail.

Body Worn Camera Video is available.

ORIGIN

On 9/27/2018, at approximately 1545 hours, I was dispatched to investigate a family disturbance with the reporting party standing by at the Ramona Substation. (CAD#E5260303).

BACKGROUND

and Jose had been married for approximately thirty years. They have four children together.

(b)(5)(C) . According to several unreported incidents of domestic violence from the past. (b)(5)(C) . According to the past of the pa

INVESTIGATION

l arrived at the Ramona Substation and contacted (b)(5)(B) (b)(5)(B) (b)(5)(B) , and (b)(5)(B) All informed me they arrived at the substation to report ongoing incidents regarding Jose Carmona. (b)(5)(B) told me she was married to Jose and one of their daughters was (b)(5)(B) .

(b)(5)(B) and (b)(5)(B) were Jose's sisters. (b)(5)(B) told me Jose had made suicidal comments earlier in the day via text message. I obtained statements from (b)(5)(B) and (b)(5)(B)

STATEMENTS

Statement of (b)(5)(B)

told me she had been married to Jose for approximately thirty years and they have four children together. Jose has a long history of drug and alcohol abuse and was recently released from prison.

(b)(5)(B) said she had a restraining order against Jose and he had been staying at her apartment, located at

| Reporting Officer | Division / Organization | Reviewed By | |
|----------------------------------|---|-----------------------------------|--|
| SH0081 - WILDS, JESSICA | Ramona Substation RAMONA PATROL | SH2832 - SAMUELS III, ROBERT | |
| Report Date 9/27/2018 6:35:09 PM | Detective Assigned SH3771 - SOBCZAK, EVAN | Reviewed Date 11/07/2018 07:33:48 | |

Case No. 18150386

CAD Event No.: **E5260303**

Case Disposition: Arrest

D---- 7 - 6 0

Primary Victim:

(b)(5)(B)

Report No. 18150386.1

Montecito Road of cheating on him. Jose was acting very paranoid and was trying to start an altercation between (b)(5)(B) son and herself. (b)(5)(B) arrived and took (b)(5)(B) to work.

(b)(5)(B) advised that at some point Jose became angry and punched a hole in the wall on her apartment. (b)(5)(B) felt as if Jose was harassing her and constantly believing that she was cheating on him. (b)(5)(B) requested assistance in having Jose removed from her home.

warned me that Jose does not like law enforcement and he will not cooperate. Jose also displayed signs of being under the influence of both alcohol and drugs. Jose had consumed.

Statement of (b)(5)(B) -

(b)(5)(B) showed and translated several text messages for me that were from Jose. Jose did not make any specific threats of suicide but mentioned that no one wanted him anymore. In Jose's text messages his thoughts appeared very scattered and not making sense. (b)(5)(B) showed me pictures of what Jose looked like.

(b)(5)(B) told me that Jose had assaulted (b)(5)(B) in the past and had very recently struck her. When (b)(5)(B) arrived to give (b)(5)(B) a ride to work she said Jose was harassing (b)(5)(B) and accusing her of cheating on him. Jose was acting very paranoid and as if he was under the influence of alcohol and drugs.

INVESTIGATION (Continued):

(b)(5)(B) told me she had contact information for Jose's probation officer. She also told me Jose was recently no longer required to conduct breathalyzer tests. Once Jose's breathalyzer was taken away he began drinking alcohol again. I called Jose's probation officer, Officer Florio. Officer Florio informed me

| Reporting Officer | Division / Organization | Reviewed By | |
|----------------------------------|---|-----------------------------------|--|
| SH0081 - WILDS, JESSICA | Ramona Substation RAMONA PATROL | SH2832 - SAMUELS III, ROBERT | |
| Report Date 9/27/2018 6:35:09 PM | Detective Assigned SH3771 - SOBCZAK, EVAN | Reviewed Date 11/07/2018 07:33:48 | |



Case No. 18150386

CAD Event No.: **E5260303**

Primary Victim:

(b)(5)(B)

Case Disposition: Arrest

Report No. 18150386.1

8 age 8 of 9

that based on the information provided that Jose will be placed on a ten day flash for several violations of his probation. Officer Florio emailed me the appropriate paperwork to place Jose on a hold. agreed to stay away from the apartment until I told them it was safe to return. warned me again that Jose would be uncooperative but that he was inside of the apartment alone. I located a Criminal Protective Order listing Jose as the restrained party and the conditions of the protective order state, "must not harass, strike, threaten assault, " and, "must take no action to obtain the address or location of protected persons, family members, caretakers, or guardians without good cause." I determined Jose was in violation of the protective order.

Deputy Germain, Johnston, and I arrived at (D)(5)(A) Montecito Road (D)(5)(A) Deputy Germain knocked on the door and announced ourselves as, "Sheriff's Department." A male whom I recognized as Jose answered the door. Jose was cooperative and detained into handcuffs. Jose displayed signs of being under the influence of alcohol and drugs. I could smell the odor of alcohol emanating from Jose's person. Jose spoke very quickly, his eyes were glossy, and had a, "thousand yard stare." Deputy Germain and I began to escort Jose to my patrol vehicle. As we approached Deputy Germain's patrol vehicle, Jose dropped all of his weight and collapsed onto his knees and chest. Jose began shouting statements such as, "Fuck you mother fucker," and demanded to know who called law enforcement. Jose refused to stand up on his own. Deputy Germain and Johnston lifted up Jose by his shoulders and attempted to secure him in the vehicle. Jose continued to be uncooperative and bent his knees so his legs would remain off the ground. Deputy Germain and Johnston were unable to safely secure Jose into the patrol vehicle. I walked to the passenger side of the vehicle and secured Jose's shoulders while Deputy Germain and Johnston conducted a search of Jose's person. No illegal contraband was located on his person. Once the search was complete, Deputy Germain attempted to lift Jose's legs while I pulled him by his shoulders further into the vehicle. Jose became combative and kicked Deputy Germain. Deputy Germain struck Jose in the face and I was able to safely pull Jose further into the vehicle so he could be secured (See Use of Force Report for by Deputy Germain). Deputy Germain was uninjured.

I requested that medics evaluate Jose for a possible injury to his face at the Ramona Substation. Jose continued to be belligerent and kick his legs at the patrol vehicle windows. Jose began to spit saliva and blood around the backseat of the patrol vehicle. To prevent Jose's saliva from making contact with any medics or deputies, Deputy Germain placed a spit sock over Jose's head. This was effective in preventing Jose from continuing to spit.

Due to Jose's continued assaultive behavior, it was decided to maximally restrain him utilizing, "THE WRAP." Jose continued to act belligerent and yell incoherent statements. Deputies lifted Jose from the backseat of the vehicle and placed him into the prone position on the ground. I maintained slight downward pressure utilizing both of my hands on Jose's head to prevent him from shifting his body weight around and potentially kicking another deputy. This was effective in preventing Jose from shifting his body. I assisted in securing the straps of the restraints to ensure Jose could not assault my partners, myself, or medics. Sergeant Sheppard supervised the placement of, "The Wrap." Sergeant Buckley and Deputies Johnston, Germain, and myself applied, "The Wrap," (See Sergeant Buckley and Deputy

| Reporting Officer | Division / Organization | Reviewed By | |
|----------------------------------|---|-----------------------------------|--|
| SH0081 - WILDS, JESSICA | Ramona Substation RAMONA PATROL | SH2832 - SAMUELS III, ROBERT | |
| Report Date 9/27/2018 6:35:09 PM | Detective Assigned SH3771 - SOBCZAK, EVAN | Reviewed Date 11/07/2018 07:33:48 | |

18150386 Case No.

18150386.1

CAD Event No.: Primary Victim: E5260303

(b)(5)(B)

Arrest Case Disposition:

Report No.

Johnston Use of Force Reports). Medics were able to safely obtain Jose's vitals. After evaluating Jose, medics requested to transport Jose to Pomerado Hospital in Poway for further evaluation of his face. Deputy Johnston rode with medics and Jose in Medic Rig #80. Deputy Stemper later arrived at Pomerado Hospital and assisted Deputy Johnston. Deputy Stemper took photographs of Jose. Deputy Johnston was informed by medical staff that Jose sustained a broken nose and fracture to his left orbital. Jose was cleared from the hospital and transported to San Diego Central Jail (SDCJ) by Deputies Johnston and Stemper. Upon arriving at SDCJ, jail deputies took custody of Jose and completed the booking process. Jose was taken out of restraints by jail staff.

Due to (b)(5)(8) child being present for the domestic violence incident and possible safety risk of (b)(5)(B) young children, a Child Protective Services (CPS) emergency referral was completed. I submitted the report to CPS worker (b)(5)(B)

This concluded my investigation.

INJURIES

Jose had a broken nose and small fracture to his left orbital.

PROPERTY DAMAGE

None

EVIDENCE

See itemized evidence list included in the face sheets of this report.

FOLLOW UP

None.

RELATED REPORTS

None.

| Reporting Officer | Division / Organization | Reviewed By |
|----------------------------------|---|-----------------------------------|
| SH0081 - WILDS, JESSICA | Ramona Substation RAMONA PATROL | SH2832 - SAMUELS III, ROBERT |
| Report Date 9/27/2018 6:35:09 PM | Detective Assigned SH3771 - SOBCZAK, EVAN | Reviewed Date 11/07/2018 07:33:48 |



San Diego County Sheriff's DepartmentUse of Force Supplemental

| UFO DATE AND T 9/27/2018 17:1 | | EVENT NUMBER E5260303 | CASE NUMBER 18150386 | DOCUMENT NUMBER 80356 | | | STATION/FACILITY RAM - Ramona Substation | | | | |
|--|----------------------------------|--|-------------------------|-----------------------|---------------|-----------------------------------|---|------------------|------------|----------------------|-----------------|
| INCIDENT DESCR | | ENSES | | | | | TOWN TRAIN | 0114 01 | abotatio | | |
| SUBJECT'S NAME | | T, MI) | OSE DATE OF BIRTH | ARR | ESTED | SUPE | RVISOR PRESEN | T D | ATE/TIME | SUPERVIS | OR NOTIFIED |
| CARMONA, JO | OSE | , | (b)(5)(A) | X | Yes No | X Ye | s No | 09/27/2018 17:20 | | | |
| REASON(S) FOR USING FORCE: | | Necessary to effect an arrest | Necessary another | y to de | efend self or | | cessary to prevent | t | | ecessary to etention | effect a lawful |
| Come renez. | X | Necessary to prevent a violent forcible felony | X Necessary subject's s | | | ☐ Ne | cessary during hig ident | gh-risk | | ecessary du | ring riot |
| | | Delaying Jail Operations | Subject 5 s | salety | | IIIC | ident | | | | |
| SUBJECT APPEA X Under the infl | | nol and/or drugs | Mentally impaired | | NUMBER O | F OFFICERS | ON SCENE | NUMB 1 | BER OF OF | FFICERS U | SING FORCE |
| LEVEL(S) OF RESISTANCE ENCOUNTERED | | | | | | | | | | | |
| NONE (subject cooperated/complied) PASSIVE RESISTANCE (represents by a refusal to respond to verbal commands but also offers no form of physical resistance) | | | | | | | | | | | |
| PSYCHOLOGICAL INTIMIDATION (non-verbal cues indicating subject's attitude or X ACTIVE RESISTANCE (pushing, pulling or running away from the officer to | | | | | | | | | | | |
| X VERBAL N | | | | | | | | | | | |
| officer's cor | mmands) | | | | × | | | | | • | eath) |
| X AGGRAVATED ACTIVE AGGRESSION (potential injury or death) LAW ENFORCEMENT TOOL/TECHNIQUE USED TO GAIN COMPLIANCE OR OVERCOME RESISTANCE (CHECK ALL THAT APPLY) | | | | | | | | | | | |
| ☐ Verbal Comr | mands: | | | | | -Lethal Weap | · | | | mber of | Target |
| | sh, Pull, or Bod | y Weight | | | | PepperBall - C | • | charges | S Nui | iliber of | rarget |
| ☐ Control H | (2 4.4. | ion:) ion:)(# of Contacts:) | | | | PepperBall - V 37 mm Rifle - 3 | | | | | |
| _ | | ed:) (# of Contacts:) | | | = | 37 mm Rifle - I | | | | | |
| Takedowr | .) [| | | | | 0 mm Rifle - | | | | | |
| ☐ Carotid ☐ Tool/Device/ | • | onscious? Yes No) | (Duration:) | | | l0 mm Rifle - : 「aser - Probes | · · · | | | | |
| ☐ OC Aç | gent (Duratio | on:) (# of Contacts:) | | | = | aser - Drive S | | | | | |
| _ | contaminated Cuff Restraint D | Yes No | | | | Stingball Gren Sound/Light de | | | | | |
| _ <u>_</u> | | Device (Duration:) # of Contacts:) | | | = | 2-Gauge Sup | | | | | |
| Type: | (D. 1) | \ | | | = | Jitron/NOVA S | Shield | | | | |
| Canin | e (Duration: le/Forcible Stop |) (# of Contacts:) | | | | REACT Belt | | | | | |
| Weap | on Pointed at S | | | | Firea | | | | | | |
| Type: Spit Sci | ock (Duratio | on.) | | | ∐ Тур | e: | | | | | |
| l = ' | raint Chair | on. <i>)</i> | | | X Othe | r: The Wrap | | | _ | 1 | |
| _ | al Shield | | | | | | | | | | |
| WAS INITIAL USE | | FFECTIVE? X Yes | По | | WAS | ADDITIONAL | . CONTROL OR F | ORCE N | NEEDED2 | ☐ Yes | X No |
| SUBJECT INJURE | 1 | T OF TREATMENT | Пио | | | (S) INJURED | EXTENT OF 1 | | | ☐ res | A NO |
| XYes □No | None | X Treated at h | | | Yes | X No | XNone | | Treated a | | |
| SUBJECT INJURY | | | Refused treatmen | <u>nt</u> | OFFICER | INJURY DES | Treated at so | cene | Hospitaliz | zed LIRefu | sed treatment |
| OTHER FORCE U | ISED/COMMEN | NTS/EQUIPMENT PERFO | PRMANCE: | | | | A | (, | A (| | FG. |
| | | | | | | | | | X C | | |
| | | | | | | | Dist | D A | 以图 | TME | |
| | | | | | | | | 1/1 | | 17/2 | 125 |
| SERGEANT | | | ARJIS | DA | TE | | *** \ \ \ \ | / 输 / | - M | | |
| LIEUTENANT | | | ARJIS | DA | TE | MARK FIGURE TO | | | | k/ | |
| CAPTAIN | | | ARJIS | DA [*] | TE | (| NDICATE CONTACT COINT(S) | | | | |



San Diego County Sheriff's Department Use of Force Supplemental

Use of Force Supplemental Instructions

Lines 1 & 3: Fill in the blanks.

<u>Line 2</u>: If the suspect was committing a crime and force was used to stop or apprehend the subject, document the appropriate penal code. If the UOF occurred in the performance of the officer's duties, document the incident description, i.e. officer transport, officer escort, making arrest, detaining suspect, cell extraction etc.

Primary Reason for Using Force: Check appropriate box(s).

Subject Appeared To Be: Check if applicable.

Number of Officers on Scene: List number of officers present.

Number of Officers Using Force: List number of officers that used force.

Level(s) of Resistance Encountered: Check appropriate box(s).

<u>L.E. Tool/Technique Used</u>: Check appropriate box(s). If known and/or applicable, include duration (approximate length of time) tool/technique was used. If known and/or applicable, include the number of contacts (approximate number of strikes, impacts, etc.) when requested on form.

<u>Was Initial Use of Force Effective?</u> If initial force used was effective, check "Yes." If initial force used was ineffective and additional force was necessary, check "No."

<u>Was Additional Control or Force Needed</u>: If initial force used was ineffective and additional force was necessary, check "Yes." If initial force used was effective, check "No."

<u>Target Distance</u>: If applicable (refers primarily to less lethal weapon systems), approximate distance or provide range (i.e. 7-15 feet, 15-20 yards, etc.) from subject during application of force.

<u>Subject Injured</u>: Check "Yes" if medically treated for injury sustained as a possible result of force applied by a officer(s) – does not include previous injuries suffered prior to officer contact. Check "No" if subject was not injured or simply complains of injury/pain suffered as a result of force applied by an officer(s) and refuses medical attention. Any complaints of pain shall be documented in the use of force report narrative (whenever any physical force used by a officer results in a complaint of injury or an injury that necessitates medical treatment of a subject, a supervisor will be notified immediately).

Extent of Treatment: Check appropriate box. Check none if subject was evaluated and no treatment was required. Specifically, check "Treated at Scene" if subject was treated at scene by EMS for injuries that may have resulted due to force applied by officer(s). Check "Treated at Hospital" if subject was transported to hospital for treatment of injuries that may have been sustained as an apparent result of force applied by officer(s). Check "Hospitalized" if subject was admitted to the Hospital as a result of injuries that were sustained as a result of force applied by officer(s).

Officer Injured: Check appropriate box (see above).

Extent of Treatment: Check appropriate box. Check none if officer was evaluated and no treatment was required. Specifically, check "Treated at Scene" if officer was treated at scene by EMS for injuries. Check "Treated at Hospital" if officer was transported to hospital for treatment of injuries. Check "Hospitalized" if officer was admitted to the Hospital as a result of injuries.

<u>Other Force Used/Comments/Equipment Performance:</u> This section can be used to document other force options not listed on the form; relevant comments about the incident such as complaints of pain/injury (room permitting) and negative/positive comments regarding equipment performance.

Mark Figure to Indicate Contact Points: When applicable, mark the areas on the figure where applied force contacted the subject's body.

Sergeant: Sign, list ARJIS number and date reviewed.

<u>Lieutenant</u>: Sign, list ARJIS number and date reviewed.

Captain: Sign, list ARJIS number and date reviewed.



CAD Event No. **E5260303**

Case No. 18150386

Report No. **80356**

Page 1 of 1

| GENERAL CASE INFORMATION | | | | | | | | | | |
|---------------------------------|----------------|--------------|---------------------------------|--|--|--|--|--|--|--|
| | | | | | | | | | | |
| Special Studies: | Related Cases: | | | | | | | | | |
| • | | | | | | | | | | |
| | | | | | | | | | | |
| Location, City, State, ZIP: | Occurred On: | | | | | | | | | |
| Montecito Road,Ramona, CA 92065 | | | 9/27/2018 5:13:00 PM (Thursday) | | | | | | | |
| Jurisdiction: | Beat: | Call Source: | (and Between): | | | | | | | |
| Ramona - RAMONA | | | | | | | | | | |
| | | | | | | | | | | |
| INDIVIDUAL/S | | | | | | | | | | |

| | | | | | | INDI | VIDUAL/S | | | | |
|---|--------------|-------------------------|--------------------------|------------------|--|-------------------------------|-----------------|-------------------------------|---------------------------------------|--|--|
| Name: | IONA, JO | OSE | | | | | Pers | on Code: | Interpreter Language: EN - English | | |
| | | | | | | ALIAS / AKA / N | ICKNAME / MONIF | ER: | | | |
| Home A | ddress, City | v, State, ZIP: (b)(5 |)(A) | | | Res. Country US - UNIT | ED STATES | County Residence: R Resident | Undocumented: | | |
| Race: | Sex: | | irth / Age: | Height: | Weight: | Hair Color: | Eye Color: | Facial Hair: | Complexion: | | |
| Н | М | (b)(5) | (A) - 43 | 5' 5" | 5' 5" 130 lbs BRO BRO 03 - Full Beard and Mustache | | TAN - Tanned | | | | |
| Employment Status: Occupation/Grade: Employe U - Unemployed | | | | | | hool: Employer Address, City, | | | e, ZIP: | | |
| | | | • | | • | CONTACT | INFORMATION | • | | | |
| | | | | | | IDEN ⁻ | TIFICATION: | | | | |
| Type: DLN - | Drivers | License N | Number | Number: (b)(5)(A | | State: CA - California | | | Country: | | |
| Attire: | | | | | Injury: | | E | xtent Of Treatment: | Violent Crime Circumstances: | | |
| | | | | | Yes | | 3 | - Treated at Hospital | | | |
| | Injury Desci | | | | • | | | • | • | | |
| Officer I | njury Descri | ption: | | | | | | | | | |
| | | | | | | REPORT | NARRATIVE | | | | |

See Case Report for details.

| Reporting Officer | Division / Organization | Reviewed By | | |
|----------------------------------|---|---------------------------------------|--|--|
| SH0081 - WILDS, JESSICA | RAM_PAT / RAM - Ramona Substation | SH4678 - BUCKLEY, JOHN | | |
| Report Date 9/27/2018 7:31:38 PM | Detective Assigned SH3771 - SOBCZAK, EVAN | Reviewed Date 11/7/2018 7:27:04 AM | | |



CAD Event No. **E5260303**

Case No. 18150386

Report No. **80380**

Page 1 of 1

| GENERAL GAGE IN CHIMATION | | | | | | | | | | |
|---|----------------------|---------------------|---------------|---------------------------------|------------------------------|--|--|--|--|--|
| Special Studies: | | Related Cases: | | | | | | | | |
| Location, City, State, ZIP: | Occurred On: | Occurred On: | | | | | | | | |
| Montecito Rd,Ramona, CA 92065 | 9/27/2018 5:13:00 PI | M (Thursday) | | | | | | | | |
| Jurisdiction: | (and Between): | | | | | | | | | |
| Ramona - RAMONA | | | | | | | | | | |
| | | | | | | | | | | |
| INDIVIDUAL/S | | | | | | | | | | |
| Name: | | l P | erson Code: | | Interpreter Language: | | | | | |
| CARMONA, JOSE | | | | | | | | | | |
| | ALIAS / A | KA / NICKNAME / MC | NIKER: | | | | | | | |
| Home Address, City, State, ZIP: | | nty Residence: | Undocumented: | | | | | | | |
| (b)(5)(A) | US - | UNITED STATE | S R Resident | | | | | | | |
| Race: Sex: Date of Birth / Age: Height: | Weight: Hair C | olor: Eye Color: | Facia | al Hair: | Complexion: | | | | | |
| H M (b)(5)(A) - 43 5' 5" | 130 lbs BRO | BRO | l l | - Full Beard and stache | TAN - Tanned | | | | | |
| Employment Status: Occupation/Grade: | Employer/School: | | Emp | loyer Address, City, State, ZIP | | | | | | |
| U - Unemployed | | | | | | | | | | |
| | CO | NTACT INFORMATIO | N | | | | | | | |
| | | IDENTIFICATION: | | | | | | | | |
| Type: Number: (b)(5)(A) | 1 | State: CA - Ca | lifornio | Cour | ntry: | | | | | |
| DLN - Drivers License Number (b)(5)(A | 7 | CA - Ca | Extent Of Tre | - atm-aut | Violent Crime Circumstances: | | | | | |
| Aure. | Injury: | | | | Violent Crime Circumstances: | | | | | |
| Yes 3 - Treated at Hospital | | | | | | | | | | |
| Subject Injury Description: | | | | | | | | | | |
| Officer Injury Description: | | | | | | | | | | |
| | REF | ORT NARRATI | VE | | | | | | | |

CENEDAL CASE INFORMATION

ORIGIN:

On 9-27-18, at 1708 hours, Deputy Wilds, Deputy Germain and I went to Montecito Road to contact Jose Carmona (b)(5)(A) Carmona was the suspect in a Temporary Restraining Order violation and domestic violence incident.

CAD#E5260303

DEPUTIES OBSERVATIONS AND ACTIONS:

On 09-27-18 at about 1708 hours, Deputy Wilds, Deputy Germain and I attempted to contact a Jose Carmona for a restraining order violation, Probation violation, and a domestic violence incident. After contacting and detaining Carmona, we placed him inside a patrol vehicle. While on his way to the Ramona Sheriff's Station, Carmona began banging his head and kicking the inside of the vehicle. Due to the subject being able to kick at the inside of the doors and bang his head in frustration, we decided to restrain him using "The Wrap". Deputy Germain and I pulled Carmona from the vehicle and placed him on the ground.

During the application of "The Wrap", I placed my hands on his chest and used my body weight to hold him on the ground. I told Carmona to "Not move" and "Roll over" during the application of "The Wrap". I then held his legs in place and tightened the belts of "The wrap" around them. I then assisted in placing the vest portion of "The Wrap" over Carmona's torso and then tightened the side belt as Deputies secured the vest to the bottom portion. Carmona was then transported to Pomerado Hospital-Poway where he was treated for a possible broken nose. Body worn camera video is available for this incident. Deputy Stemper and I then placed him into the back of a patrol vehicle and drove him to SDCJ without any further incident. Had I not assisted with applying "The Wrap" on Carmona, he may have continued with injuring himself further during transport to the hospital and the jail.

| Reporting Officer | Division / Organization | Reviewed By | | |
|-----------------------------------|---|---------------------------------------|--|--|
| SH2602 - JOHNSTON, PHILIP | RAM_PAT / RAM - Ramona Substation | SH4678 - BUCKLEY, JOHN | | |
| Report Date 9/28/2018 10:25:48 AM | Detective Assigned SH3771 - SOBCZAK, EVAN | Reviewed Date 11/7/2018 7:27:54 AM | | |



CAD Event No. **E5260303**

Case No. 18150386

Report No. **81091**

Page 1 of

| GENERAL CASE INFORMATION | | | | | | | | | | | | | |
|---|-----------------------------|----------|---------------|---------------------|------------|--------------|--------------|------------------------------|-------------|--------------------------------|---------------|------------------------------|--|
| Special S | Special Studies: | | | | | | | | | | | | |
| Location, | City, State, | ZIP: | | | | | | | | Occurred On: | Occurred On: | | |
| Montecito Rd [DISIG], Ramona, CA 92065 | | | | | | | | | | 9/27/2018 5:0 | 8:00 PM | (Thursdav) | |
| Jurisdiction: Beat: Call Source: | | | | | | | | | | (and Between): | | 7) | |
| Ramona - RAMONA 430 | | | | | | | ĺ | | | , , | | | |
| · | | | | | | | | | | | | | |
| INDIVIDUAL/S | | | | | | | | | | | | | |
| Name: | | | | | | | | Р | erson Cod | de: | | Interpreter Language: | |
| CARM | ONA, JO | SE | | | | | | | | | | EN - English | |
| ALIAS / AKA / NICKNAME / MONIKER: | | | | | | | | | | | | | |
| Home Address, City, State, ZIP: Res. Country: | | | | | | | | | | County Residence: | Undocumented: | | |
| (b)(5)(A) | | | | | | | US - UNIT | S - UNITED STATES R Resident | | | | | |
| Race: | | | nt: I | Hair Color: | Eye Color: | | Facial Hair: | | Complexion: | | | | |
| н | М | (b)(5) | (A) - 43 | 5' 5" | 130 | lbs I | BRO | BRO | | 03 - Full Beard an Mustache | d | TAN - Tanned | |
| Employm | ent Status: | | Occupation/Gr | ade: | Emplo | oyer/School: | | | | Employer Address, City, | State, ZIP: | • | |
| U - Une | employe | d | | | | | | | | | | | |
| | | | | | | | | INFORMATIO | N | | | | |
| | | | | | | | IDEN | FIFICATION: | | | | | |
| Type: DLN - I | Orivers L | icense N | lumber | Number: (b)(5)(A | | | | State: CA - Ca | lifornia | l | Country | r. | |
| Attire: | | | | | | Injury: | | | Extent (| Of Treatment: | ' | Violent Crime Circumstances: | |
| Subject Ir | Subject Injury Description: | | | | | | | | | | | | |
| Officer In | Officer Injury Description: | | | | | | | | | | | | |
| | | | | | | | DEDODT | NADDATI | /E | | | | |

CENERAL CACE INFORMATION

ORIGIN:

On 9-27-18, at 1708 hours, Deputy Wilds, Deputy Germain and I went to Montecito Road Montecito Road to contact Jose Carmona 7-26-75. Carmona was the suspect in a Temporary Restraining Order violation and domestic violence incident. CAD#E5260303

DEPUTIES OBSERVATIONS AND ACTIONS:

On 10-19-18 at about 1508 hours, I was contacted by Sgt. Samuels about adding more content to my report.

While attempting to place Carmona in one of our vehicles, he fell to the ground and refused to get up. I assisted with lifting him up and attempting to place him into Deputy Germain's vehicle. Carmona was yelling "Fuck you bitch" and "Fuck you homie" as we tried to put him in the vehicle. Carmona then began to kick Deputy Germain in his legs and groin area. Carmona continued to curse at us and refuse to be put inside the vehicle. I heard Deputy Germain tell him to stop kicking him but he did not stop and said "Fuck you". I then observed Deputy Germain strike Carmona one time in his face. Carmona stopped kicking and we were able to close the doors without any further incident. Carmona was then transported to the Ramona Station. (See narrative from use of force report for further)

| Reporting Officer | Division / Organization | Reviewed By | | |
|--------------------------------------|---|---------------------------------------|--|--|
| SH2602 - JOHNSTON, PHILIP | RAM_PAT / RAM - Ramona Substation | SH2832 - SAMUELS III, ROBERT | | |
| Report Date 10/19/2018 3:26:55 PM | Detective Assigned SH3771 - SOBCZAK, EVAN | Reviewed Date 11/6/2018 9:54:28 AM | | |



San Diego County Sheriff's DepartmentUse of Force Supplemental

| UFO DATE AND T | | EVENT NUMBER | CASE NUMBER | DOCUMENT NUMBER STATION/FACILITY | | | | | | |
|--|-------------------|----------------------------------|------------------------------------|------------------------------------|-------------------------------|----------------------------------|-----------------------------|--|---|-----------------|
| 9/27/2018 17: | 13 | E5260303 | 18150386 | 8 | 80380 RAM - Ramona Substation | | | | | |
| INCIDENT DESCR | | | | | | | | | | |
| SUBJECT'S NAME | | B.5PC-CARMONA, J | OSE DATE OF BIRTH | ARRES | TED | LOUDED | VISOR PRESE | IT I DAT | E/TIME QUIDED\/IS | OR NOTIFIED |
| CARMONA, JO | | 1, 1011) | (b)(5)(A) | X Yes No X Yes No | | | i | DATE/TIME SUPERVISOR NOTIFIED 09/27/2018 17:20 | | |
| REASON(S) FOR USING FORCE: | | Necessary to effect an arrest | Necessary another | to defe | nd self or | | essary to preven | nt | Necessary to detention | effect a lawful |
| X Necessary to prevent a X Necessary to restrain for Subject's safety Necessary during high-risk Necessary during riot | | | | | | | | | | ring riot |
| | | Delaying Jail Operations | | | | | | | | |
| SUBJECT APPEA X Under the inf | | nol and/or drugs | Mentally impaired | N 5 | | OFFICERS (| ON SCENE | NUMBER 1 | R OF OFFICERS U | SING FORCE |
| LEVEL(S) OF RESISTANCE ENCOUNTERED | | | | | | | | | | |
| NONE (subject cooperated/complied) PASSIVE RESISTANCE (represents by a refusal to respond to verbal commands but also offers no form of physical resistance) | | | | | | | | | | |
| PSYCHOLOGICAL INTIMIDATION (non-verbal cues indicating subject's attitude or physical readiness to resist) ACTIVE RESISTANCE (pushing, pulling or running away from the officer to avoid control; not attempting to harm the officer) | | | | | | | | | | |
| VERBAL NON-COMPLIANCE (subject's expressed unwillingness to comply with the officer's commands) X ASSAULTIVE BEHAVIOR (physical actions of assault) | | | | | | | | | | |
| Officer 3 cor | minarius) | | | | X | AGGRAVATE | D ACTIVE AGG | RESSION (| (potential injury or d | eath) |
| LAW ENFORCEMENT TOOL/TECHNIQUE USED TO GAIN COMPLIANCE OR OVERCOME RESISTANCE (CHECK ALL THAT APPLY) Verbal Commands: "Stop moving" "Roll over" | | | | | | | | | | |
| Empty Hand | Control | | | | | Lethal Weapo | | scharges | Number of | Target |
| <u>X</u> Grab, Pus | sh, Pull, or Bod | | | | _ | epperBall - O | | | | |
| ☐ Control H | (2 4.4. | tion:) tion:)(# of Contacts:) | | | | epperBall - Wa 7 mm Rifle - S | | | | |
| | | ed:) (# of Contacts:) | | | | 7 mm Rifle - Lo | | | | |
| Takedowi | ` , ' | , (- | | | <u> </u> | 0 mm Rifle - B | ean Bag | | | |
| ☐ Carotid | (Rendered Unc | onscious? Yes No) | (Duration:) | | | 0 mm Rifle - S | ponge | | | |
| X Tool/Device/ | /Weapon | | | | | aser - Probes | _ | | | |
| OC A | | ion:) (# of Contacts:) | | | | aser - Drive St | | | | |
| | | ☐Yes ☐No | | | | tingball Grena | | | | |
| | Cuff Restraint I | , , | | | = | ound/Light dev 2-Gauge Supe | | | | |
| Type: | ct Weapon (| # of Contacts:) | | | | tron/NOVA St | | | | |
| | e (Duration: | :) (# of Contacts:) | | | | EACT Belt | | | | - |
| L | le/Forcible Sto | | | | | | | | | |
| Weap | on Pointed at | • | | 1 | Firear | | | | | |
| Type: | ock (Durati | ion:) | | | ∐ Туре | e. | | | | |
| . = . | raint Chair | , | | | X Other: | : The Wrap | | | 1 | |
| Tactica | al Shield | | | | | | | | | |
| ☐ WRAP | 1 | | | | | | | | | |
| WAS INITIAL USE | | | XNo | | | | CONTROL OR I | | | No No |
| SUBJECT INJURE | | T OF TREATMENT | 7.1 | | | S) INJURED | EXTENT OF | | | |
| xYes □No | ☐None ☐Treated | ▼Treated at h d at scene | ospitai I ∏Refused treatmer | nt | Yes Yes | X No | X None Treated at s | | eated at hospital | sed treatment |
| SUBJECT INJURY | | | | | OFFICER | INJURY DES | | | | |
| OTHER FORCE U | JSED/COMME | NTS/EQUIPMENT PERFO | PRMANCE: | 1 | | | A | (A) | | R ₀ |
| | | | | | | | | > \(\frac{1}{2}\) | | 7 |
| | | | | | | | Kel_ | 一点 | frivial (| |
| | | | | | | | MH | M () | I MI M | 71 |
| | | | ARJIS | DATE | | | | TI OF | | 1/4) |
| SERGEANT | | | ANJIG | DATE | | 0.000 | WW \ \ \ \ \ | 11000 | AND | |
| LIEUTENANT | | | ARJIS | DATE | | FI | ARK GURE TO | 1 1/2 | I (KK) (| EN |
| CAPTAIN | | | ARJIS | DATE | | C | DICATE DITACT DINT(S) | | | * |



San Diego County Sheriff's Department Use of Force Supplemental

Use of Force Supplemental Instructions

Lines 1 & 3: Fill in the blanks.

<u>Line 2</u>: If the suspect was committing a crime and force was used to stop or apprehend the subject, document the appropriate penal code. If the UOF occurred in the performance of the officer's duties, document the incident description, i.e. officer transport, officer escort, making arrest, detaining suspect, cell extraction etc.

Primary Reason for Using Force: Check appropriate box(s).

<u>Subject Appeared To Be</u>: Check if applicable.

Number of Officers on Scene: List number of officers present.

Number of Officers Using Force: List number of officers that used force.

Level(s) of Resistance Encountered: Check appropriate box(s).

<u>L.E. Tool/Technique Used</u>: Check appropriate box(s). If known and/or applicable, include duration (approximate length of time) tool/technique was used. If known and/or applicable, include the number of contacts (approximate number of strikes, impacts, etc.) when requested on form.

<u>Was Initial Use of Force Effective?</u> If initial force used was effective, check "Yes." If initial force used was ineffective and additional force was necessary, check "No."

<u>Was Additional Control or Force Needed</u>: If initial force used was ineffective and additional force was necessary, check "Yes." If initial force used was effective, check "No."

<u>Target Distance</u>: If applicable (refers primarily to less lethal weapon systems), approximate distance or provide range (i.e. 7-15 feet, 15-20 yards, etc.) from subject during application of force.

<u>Subject Injured</u>: Check "Yes" if medically treated for injury sustained as a possible result of force applied by a officer(s) – does not include previous injuries suffered prior to officer contact. Check "No" if subject was not injured or simply complains of injury/pain suffered as a result of force applied by an officer(s) and refuses medical attention. Any complaints of pain shall be documented in the use of force report narrative (whenever any physical force used by a officer results in a complaint of injury or an injury that necessitates medical treatment of a subject, a supervisor will be notified immediately).

Extent of Treatment: Check appropriate box. Check none if subject was evaluated and no treatment was required. Specifically, check "Treated at Scene" if subject was treated at scene by EMS for injuries that may have resulted due to force applied by officer(s). Check "Treated at Hospital" if subject was transported to hospital for treatment of injuries that may have been sustained as an apparent result of force applied by officer(s). Check "Hospitalized" if subject was admitted to the Hospital as a result of injuries that were sustained as a result of force applied by officer(s).

Officer Injured: Check appropriate box (see above).

Extent of Treatment: Check appropriate box. Check none if officer was evaluated and no treatment was required. Specifically, check "Treated at Scene" if officer was treated at scene by EMS for injuries. Check "Treated at Hospital" if officer was transported to hospital for treatment of injuries. Check "Hospitalized" if officer was admitted to the Hospital as a result of injuries.

<u>Other Force Used/Comments/Equipment Performance:</u> This section can be used to document other force options not listed on the form; relevant comments about the incident such as complaints of pain/injury (room permitting) and negative/positive comments regarding equipment performance.

Mark Figure to Indicate Contact Points: When applicable, mark the areas on the figure where applied force contacted the subject's body.

Sergeant: Sign, list ARJIS number and date reviewed.

<u>Lieutenant</u>: Sign, list ARJIS number and date reviewed.

Captain: Sign, list ARJIS number and date reviewed.



CAD Event No. **E5260303**

Case No. 18150386

Report No. 80355

Page 1 of 2

| GENERAL CASE INFORMATION | | | | | | | | | | | | |
|--|------------------------|-----------|--------------|---------|-----------------|----------------------------------|-------------------|---|-------------------------------------|----------|--------------------------|--|
| Special St | udies: | | | | | | | | Related Cases: | | | |
| | City, State, | | | | Occurred On: | Occurred On: | | | | | | |
| (b)(5)(A) M | ontecito | Rd,Ram | iona, CA 92 | 065 | 9/27/2018 5:13: | :00 PM (Th | nursday) | | | | | |
| Jurisdictio | | | | | Beat: | | Call Source: | | (and Between): | | | |
| Ramon | <u>a - RAM</u> | ONA | | | 430 | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | IN | DIVIDUAL/S | | | | | |
| Name: CARMONA, JOSE | | | | | | | F | Person Code: Interpreter Language: EN - English | | | | |
| ALIAS / AKA / NICKNAME / MONIKER: | | | | | | | | | | | | |
| Home Address, City, State, ZIP: (b)(5)(A) | | | | | | Res. Country: US - UNITED STATES | | | ounty Residence: Resident | | Undocumented: | |
| Race: | Sex: | Date of B | | Height: | Weight: | Hair Color | , . | | acial Hair: | | Complexion: | |
| Н | M | (b)(5) | (A) - 43 | 5' 5" | 130 lbs | BRO | BRO | | 3 - Full Beard and lustache | | TAN - Tanned | |
| Employme U - Une | ent Status: employe | d | Occupation/G | rade: | Employer/Scho | ol: | | En | Employer Address, City, State, ZIP: | | | |
| | | | | | | | ACT INFORMATION | N | | | | |
| | | | | | | ID | ENTIFICATION: | | | | | |
| Type: DLN - Drivers License Number (b)(5)(A) | | | | | | | State: CA - Ca | lifornia | | Country: | | |
| Attire: Injury: | | | | | | | | Extent Of | Treatment: | Viole | ent Crime Circumstances: | |
| Yes 3 - Treated at Hospital | | | | | | | | | | | | |
| Subject In | jury Descrip | otion: | | | | | | | | | | |
| Officer Inju | ury Descrip | tion: | | | | | | | | | | |

ORIGIN:

On 9/27/18, at 1708 hours, Deputy Wilds (0081), Deputy Johnston (2602) and I went to Montecito Road to contact Jose Carmona (DO (CAD#E5260303) Montecito Road to contact (CAD#E5260303)

REPORT NARRATIVE

DEPUTY'S OBSERVATIONS AND ACTIONS:

We arrived at the above mentioned location, after knocking on the door several times Carmona answered. Carmona verbally identified himself as Jose Carmona. I detained him in handcuffs and began to escort him to a patrol vehicle. Carmona had the strong smell of alcohol on or about his person, slurred speech and a staggered gate. Carmona kept telling his daughter he would find out who did this and wanted the video of this incident.

As we approached the first patrol vehicle Carmona dropped his body weight. I allowed Carmona to fall to the ground in attempt to prevent him injuring me. Once he was on the ground I held Carmona there and explained to him that he could get in the back seat of the patrol vehicle under his own power or I would place him back there. I attempted to help Carmona to his feet. When I did Carmona pulled his knees towards his chest. I carried Carmona a short distance and placed him in the back seat of the vehicle. Once Carmona's upper body was in the back seat Deputy Johnston and I searched Carmona. Carmona wrapped one of his legs around my right leg in an attempt from being placed in the vehicle. Carmona then refused to fully put his body in the vehicle so I could close the door. Deputy Wilds went to the passenger side of the vehicle and attempted to pull Carmona the rest of the way into the back seat. Carmona kicked his feet striking me in the left side of my abdomen. I attempted to pull Carmona out of the vehicle to place him in the maximum restraint "Wrap". Carmona continued to struggle and kick his legs. I struck Carmona once in the face with a closed fist in an attempt to make him stop kicking his legs at me. Carmona laid back in the vehicle I advised Carmona to stop kicking and I was able to close the door. If I had not struck Carmona in the face he would have continued to kick me and increasing the chance of him seriously injuring me.

Carmona began to spit blood and kick the back window of the patrol vehicle. The fire department was requested to treat Carmona for the injury he sustained from being punched in the face. I transported Carmona to the Ramona patrol station.

| Reporting Officer | Division / Organization | Reviewed By | | |
|----------------------------------|---|---------------------------------------|--|--|
| SH1221 - GERMAIN, BRETT | RAM_PAT / RAM - Ramona Substation | SH4678 - BUCKLEY, JOHN | | |
| Report Date 9/27/2018 7:17:54 PM | Detective Assigned SH3771 - SOBCZAK, EVAN | Reviewed Date 11/7/2018 6:50:20 AM | | |



CAD Event No. **E5260303**

Case No. 18150386

Report No. 80355

2

Once in the secured vehicle lot I placed a spit sock over Carmona's head preventing him from spitting blood onto any Deputies or Fire Department personnel. I then removed Carmona from the back seat and placed him on the ground of the parking lot to place Carmona in the Wrap. I used both of my hands to hold Carmona to the ground while the ankle portion of the Wrap was secured. I then lifted Carmona so the leg portion of the Wrap could be placed under his legs. I helped Secure the leg portion of the Wrap. I then assisted placing the chest portion of the Wrap onto Carmona and tightened the straps of the chest portion. Once secured in the chest portion I placed downward pressure on the back of his neck and pushed his head towards his feet to secure the chest portion of the Wrap to the leg portion. I had to do this twice to properly tighten the strap. Carmona was safely secured in the Wrap to prevent him from kicking the back window, a Deputy of Fire Department personnel while they evaluated him.

The Fire Department personnel deemed it necessary to transport Carmona to the hospital via ambulance to be evaluated by a doctor. I used the ankle portion of the Wrap and assisted lifting Carmona onto the gurney to be transported to the hospital. I had no further contact with Carmona.

There is body camera video of the incident.

| Reporting Officer SH1221 - GERMAIN, BRETT | Division / Organization RAM_PAT / RAM - Ramona Substation | Reviewed By SH4678 - BUCKLEY, JOHN |
|---|---|---------------------------------------|
| Report Date 9/27/2018 7:17:54 PM | Detective Assigned SH3771 - SOBCZAK, EVAN | Reviewed Date 11/7/2018 6:50:20 AM |



San Diego County Sheriff's DepartmentUse of Force Supplemental

| UFO DATE AND T | | EVENT NUMBER | CASE NUMBER | D | OCUMEN | IT NUMBER | STATION/FAC | ILITY | | |
|--------------------------------|-------------------------------|--|---------------------------|------------|------------|-----------------------------------|---------------------------------------|-----------|--------------------------------------|---------------------|
| 9/27/2018 17: | 13 | E5260303 | 18150386 | 8 | 30355 | RAM - Ramona Substation | | | | |
| INCIDENT DESCR | | | | | | | | | | |
| AR-3453PC/2 | | 3.5PC-CARMONA, J | OSE DATE OF BIRTH | ARRES | TED | Leunes | VISOR PRESEN | IT I DAT | E/TIME SUPERVIS | OR NOTIFIED |
| CARMONA, JO | | 51, IVII <i>)</i> | (b)(5)(A) | | es No | 1 — | _ | i | 27/2018 17:20 | OR NOTIFIED |
| REASON(S) FOR USING FORCE: | | Necessary to effect an arrest | X Necessary another | y to defe | nd self or | | cessary to prever | nt | Necessary to detention | effect a lawful |
| | X | Necessary to prevent a violent forcible felony | X Necessary subject's s | | ain for | | cessary during hi | gh-risk | ☐ Necessary du | ring riot |
| | | Delaying Jail Operations | | | | | | | | |
| SUBJECT APPEA X Under the inf | | hol and/or drugs | Mentally impaired | NI 5 | | F OFFICERS | ON SCENE | NUMBER | R OF OFFICERS U | SING FORCE |
| LEVEL(S) OF RES | SISTANCE EN | COUNTERED | | | | | | I. | | |
| ☐ NONE (sub | ject cooperate | ed/complied) | | | | | SISTANCE (repr at also offers no f | | refusal to respond sical resistance) | to verbal |
| | OGICAL INTIMadiness to resi | IIDATION (non-verbal cue st) | s indicating subject's at | ttitude or | r 🗶 | | STANCE (pushi | | or running away fromofficer) | m the officer to |
| | ON-COMPLIA | NCE (subject's expressed | unwillingness to compl | ly with th | ne 🗴 | | BEHAVIOR (ph | | , | |
| | minariao | | | | X | AGGRAVATE | D ACTIVE AGG | RESSION (| potential injury or d | eath) |
| | | L/TECHNIQUE USED | | NCE O | R OVER | COME RESI | STANCE (CHE | CK ALL T | THAT APPLY) | |
| Empty Hand | Control | et in the car/ don't kick r | ne | | | -Lethal Weapo | | scharges | Number of | Target |
| Grab, Pus | sh, Pull, or Boo | | | | = | PepperBall - O | | | | |
| ☐ Control H | (2 | tion:) tion:) (# of Contacts:) | | | | PepperBall - W 37 mm Rifle - S | | | | |
| _ | | ed: right hand, closed fist s | trike) (# of Contacts: 1) |) | | 7 mm Rifle - L | | | | |
| Takedowi | | 3 , | , (| , | □ 4 | 0 mm Rifle - B | ean Bag | | | |
| ☐ Carotid | (Rendered Unc | conscious? Yes No) | (Duration:) | | = | 0 mm Rifle - S | ponge | | | |
| X Tool/Device/ | • | | | | | aser - Probes | | | | |
| OC V | • , | ion:) (# of Contacts:) | | | | aser - Drive S | | | | |
| | | ☐Yes ☐No | | | | Stingball Grena Sound/Light de | | | | |
| | Cuff Restraint ct Weapon (| Device (Duration:) (# of Contacts:) | | | = | 2-Gauge Supe | | | | |
| Type: | ot weapon (| (# Of Cortlacts.) | | | | Jitron/NOVA S | | | | |
| Canin | e (Duration | :) (# of Contacts:) | | | | REACT Belt | | | | |
| L | le/Forcible Sto | | | | | | | | | |
| | on Pointed at | Subject (Duration:) | | [| Firea | | | | | |
| Spit Sc | ock (Durat | ion:) | | | ٠,٫٫ | · | | | | |
| Pro-Sti | raint Chair | | | [| X Other | r: The Wrap | | | 1 | |
| ☐ Tactica | al Shield | | | | | | | | | |
| ☐ WRAP | | | | | | | | | | |
| WAS INITIAL USE | | | XNo | | | | CONTROL OR F | | | No No |
| SUBJECT INJURE | None | IT OF TREATMENT Treated at h | iosnital | | ☐ Yes | (S) INJURED No | EXTENT OF X None | | eated at hospital | |
| Mics Inc | | | I | | | | Treated at s | | | sed treatment |
| SUBJECT INJURY | Y DESCRIPTION | ON | | | OFFICER | INJURY DES | CRIPTION | | | |
| OTHER FORCE U | JSED/COMME | NTS/EQUIPMENT PERFO | RMANCE: | | | | a | (A) | | No. |
| | | | | | | | | N. A. | | 7.4 |
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| 1 | | | ARJIS | DATE | | | | 从炒 | | // / |
| SERGEANT | | | | | | м | ARK | | 1 MM | $\langle \rangle$ |
| LIEUTENANT | | | ARJIS | DATE | | FI | GURE TO IDICATE | 1 67 | (4) | |
| CAPTAIN | | | ARJIS | DATE | | C | ONTACT DINT(S) | Ves | T MH 7 | |



San Diego County Sheriff's Department Use of Force Supplemental

Use of Force Supplemental Instructions

Lines 1 & 3: Fill in the blanks.

<u>Line 2</u>: If the suspect was committing a crime and force was used to stop or apprehend the subject, document the appropriate penal code. If the UOF occurred in the performance of the officer's duties, document the incident description, i.e. officer transport, officer escort, making arrest, detaining suspect, cell extraction etc.

Primary Reason for Using Force: Check appropriate box(s).

<u>Subject Appeared To Be</u>: Check if applicable.

Number of Officers on Scene: List number of officers present.

Number of Officers Using Force: List number of officers that used force.

Level(s) of Resistance Encountered: Check appropriate box(s).

<u>L.E. Tool/Technique Used</u>: Check appropriate box(s). If known and/or applicable, include duration (approximate length of time) tool/technique was used. If known and/or applicable, include the number of contacts (approximate number of strikes, impacts, etc.) when requested on form.

<u>Was Initial Use of Force Effective?</u> If initial force used was effective, check "Yes." If initial force used was ineffective and additional force was necessary, check "No."

<u>Was Additional Control or Force Needed</u>: If initial force used was ineffective and additional force was necessary, check "Yes." If initial force used was effective, check "No."

<u>Target Distance</u>: If applicable (refers primarily to less lethal weapon systems), approximate distance or provide range (i.e. 7-15 feet, 15-20 yards, etc.) from subject during application of force.

<u>Subject Injured</u>: Check "Yes" if medically treated for injury sustained as a possible result of force applied by a officer(s) – does not include previous injuries suffered prior to officer contact. Check "No" if subject was not injured or simply complains of injury/pain suffered as a result of force applied by an officer(s) and refuses medical attention. Any complaints of pain shall be documented in the use of force report narrative (whenever any physical force used by a officer results in a complaint of injury or an injury that necessitates medical treatment of a subject, a supervisor will be notified immediately).

Extent of Treatment: Check appropriate box. Check none if subject was evaluated and no treatment was required. Specifically, check "Treated at Scene" if subject was treated at scene by EMS for injuries that may have resulted due to force applied by officer(s). Check "Treated at Hospital" if subject was transported to hospital for treatment of injuries that may have been sustained as an apparent result of force applied by officer(s). Check "Hospitalized" if subject was admitted to the Hospital as a result of injuries that were sustained as a result of force applied by officer(s).

Officer Injured: Check appropriate box (see above).

Extent of Treatment: Check appropriate box. Check none if officer was evaluated and no treatment was required. Specifically, check "Treated at Scene" if officer was treated at scene by EMS for injuries. Check "Treated at Hospital" if officer was transported to hospital for treatment of injuries. Check "Hospitalized" if officer was admitted to the Hospital as a result of injuries.

<u>Other Force Used/Comments/Equipment Performance:</u> This section can be used to document other force options not listed on the form; relevant comments about the incident such as complaints of pain/injury (room permitting) and negative/positive comments regarding equipment performance.

Mark Figure to Indicate Contact Points: When applicable, mark the areas on the figure where applied force contacted the subject's body.

Sergeant: Sign, list ARJIS number and date reviewed.

<u>Lieutenant</u>: Sign, list ARJIS number and date reviewed.

Captain: Sign, list ARJIS number and date reviewed.



CAD Event No. **E5260303**

Case No. 18150386

Report No. 80347

Page 1 of

| | | | | | Gi | ENERAL CA | SE INFURI | IATION | | | | |
|-----------------------------|--------------|-------------|--------------|---------------------|---------------|------------------|-----------------------|--------------|------------------------------|-----------------------|--------------------------|--|
| Special Studies: | | | | | | | | | Related Cases: | Related Cases: | | |
| Location, City, State, ZIP: | | | | | | | | Occurred On: | | | | |
| | | | amona, CA | 92065 | | | | | 9/27/2018 5:24: | 00 PM (T | hursdav) | |
| Jurisdictio | | , | | | Beat: | Cal | I Source: | | (and Between): | , | | |
| Ramon | a - RAM | ONA | | | 430 | | | | | | | |
| | | | | | | • | | | • | | | |
| | | | | | | INDI\ | /IDUAL/S | | | | | |
| Name: | | | | | | | Р | erson Code | e: | | Interpreter Language: | |
| CARMO | ONA, JO | SE | | | | | | | | | EN - English | |
| | <u>'</u> | | | | | ALIAS / AKA / NI | CKNAME / MO | NIKER: | | | | |
| Home Ad | dress, City, | State, ZIP: | | | | Res. Country: | ry: County Residence: | | | | Undocumented: | |
| | | (b)(5 |)(A) | | | US - UNIT | ED STATE | S I | R Resident | Resident | | |
| Race: | Sex: | Date of B | rth / Age: | Height: | Weight: | Hair Color: | Eye Color: | | Facial Hair: | acial Hair: Complexio | | |
| н | M | (b)(5) | (A) - 43 | 5' 5" | 130 lbs | BRO | BRO | | 03 - Full Beard and Mustache | | TAN - Tanned | |
| Employme | ent Status: | | Occupation/G | rade: | Employer/Scho | ol: | | ı | Employer Address, City, Sta | te, ZIP: | - | |
| U - Une | employed | d | | | | | | | | | | |
| | | | | | | | INFORMATIO | N | | | | |
| | | | | | | IDEN | FIFICATION: | | | | | |
| Type: DLN - [| Orivers L | icense N | lumber | Number: (b)(5)(A | | | State: CA - Ca | lifornia | | Country: | | |
| Attire: | | | | | Injury: | | | Extent C | of Treatment: | Viol | ent Crime Circumstances: | |
| | | | | | Yes | | | 3 - Tre | ated at Hospital | | | |
| Subject In | jury Descrip | otion: | | | | | | | | | | |
| Officer Inj | ury Descript | ion: | | | | | | | | | | |
| | | | | | | | NADDATI | - | | | | |

Origin:

On Thursday, September 27, 2018, at about 1720 hours, I was working as the Ramona Substation Patrol Sergeant when I was asked to assist with the placement of The Wrap restraint device.

Deputy's Observations and Actions:

Deputy Germain requested my assistance with placing The Wrap device on a combative subject who was in the back of a Sheriff's patrol vehicle in the parking lot of the Ramona Substation. I responded to the parking lot and assisted with securing the ankles in The Wrap ankle strap. Using my hand, I placed downward pressure to the subject's ankles until the rest of the device was placed. While the device was being placed by other deputies, I assisted with securing the lower leg strap as well as the chest strap to the leg strap. That concluded my involvement with this incident.

| Reporting Officer | Division / Organization | Reviewed By |
|----------------------------------|---|---------------------------------------|
| SH4678 - BUCKLEY, JOHN | RAM_PAT / RAM - Ramona Substation | SH2832 - SAMUELS III, ROBERT |
| Report Date 9/27/2018 5:39:04 PM | Detective Assigned SH3771 - SOBCZAK, EVAN | Reviewed Date 11/7/2018 7:33:55 AM |



San Diego County Sheriff's DepartmentUse of Force Supplemental

| 9/27/2018 17:24 | UFO DATE AND T | | EVENT NUMBER | CASE NUMBER | | DOCUMEN | T NUMBER | STATION/FAC | CILITY | | |
|--|-------------------|------------------|--------------------------|--------------------------|-----------|-------------|----------------------------|------------------|--------------|------------------------|------------------|
| Arrest - Jose Carmona SuBJECT S NAME (SAST, FIRST, MI) CARNONA, JOSE Necessary to effect a lawful defended for an arrest Necessary to effect a lawful defended for a lawful defended for an arrest Necessary to effect a lawful defended for a lawful defended for a lawful defended for a lawful defended for a lawful | E3200303 10130300 | | | | | | 47 RAM - Ramona Substation | | | | |
| SUBJECT S NAME (LAST, REST, M) OSP OSP No | - | | ENSES | | | | | | | | |
| CARMONA_JOSE | | | T MI) | DATE OF BIRTH | ARRES | STED | SUPER | VISOR PRESE | NT I DAT | TE/TIME SUPERVIS | OR NOTIFIED |
| USING FÖRCE: | ľ | | .,, | | | | I — | | i | | |
| Necessary to prevent a with the control of technic forbible fellow in public fellow in pu | | | | | y to defe | end self or | | | nt | | effect a lawful |
| Delaying_Jail Operations SUBJECT APPEARED TO BE SUBJECT APPEARED TO BE | COINTO T CINGE. | | Necessary to prevent a | X Necessary | | train for | ☐ Ned | essary during h | igh-risk | | ıring riot |
| LeVeL(s) OF RESISTANCE ENCOUNTERED | | | Delaying Jail Operations | • | , | | | | | | |
| LeveL(s) OF RESISTANCE ENCOUNTERED PASSIVE RESISTANCE (represents by a refusal to respond to verbal commands but also offers no form of physical resistance) PSYCHOLOGICAL INTIMADATION (non-verbal cues indicating subject's attitute or physical readiness to resist) ACTIVE RESISTANCE (subject resistance) ACTIVE RESISTANCE (subject resistance) ACTIVE RESISTANCE (subject sexpressed unwillingness to comply with the officer's commands) ACTIVE RESISTANCE (subject sexpressed unwillingness to comply with the officer's commands) ACTIVE RESISTANCE (proposed to farm the officer to sivid commands: ACTIVE RESISTANCE (proposed to farm the officer to sivid commands: ACTIVE AGGRESSION (potential injury or death) ACTIVE AGGRESSION (poten | | | nol and/or drugs | Mentally impaired | | | F OFFICERS | ON SCENE | | R OF OFFICERS U | SING FORCE |
| PSYCHOLOGICAL INTIMOLOTOK (non-verbal cues indicating subject's attitude or physical readinass to resist) VERBAL Non-COMPLIANCE (subjects expressed unwillingness to comply with the officer's commands) VERBAL Non-COMPLIANCE (subject's expressed unwillingness to comply with the officer's commands) VERBAL Non-COMPLIANCE (subject's expressed unwillingness to comply with the officer's commands) ASSAULTIVE BEHAVIOR (physical actions of assault) AGGRAVATED ACTIVE AGGRESSION (potential injury or death) LAW ENFORCEMENT TOOL/TECHNIQUE USED TO GAIN COMPLIANCE OR OVERCOME RESISTANCE (CHECK ALL THAT APPLY) Varbal Commands: | LEVEL(S) OF RES | SISTANCE ENG | COUNTERED | | | | | | 1 . | | |
| PSYCHOL GGICAL INTIMIDATION (non-verbal cues indicating subject's attitude or physical readiness to reside reading read | ☐ NONE (sub | ject cooperated | d/complied) | | | | | | | | to verbal |
| VERDAL NON-COMPLIANCE (subject's expressed unwillingness to comply with the officer's commands) | | | | s indicating subject's a | ttitude c | or 🔲 | ACTIVE RES | STANCE (push | ing, pulling | or running away from | m the officer to |
| AGGRAVATED ACTIVE AGGRESSION (potential injury or death) LAW ENFORCEMENT TOOL/TECHNIQUE USED TO GAIN COMPLIANCE OR OVERCOME RESISTANCE (CHECK ALL THAT APPLY) Verbal Commands: Empty Hand Control Cass-Lethal Weapon System Properties Check All That Apply | X VERBAL N | ON-COMPLIAN | , | unwillingness to comp | ly with t | he — | | | | • | |
| Verbal Commands: | Officer's cor | ililialius) | | | | | AGGRAVATE | D ACTIVE AGG | RESSION | (potential injury or d | leath) |
| Empty Hand Control | | | _/TECHNIQUE USED | TO GAIN COMPLIA | NCE C | OR OVER | COME RESI | STANCE (CH | ECK ALL | THAT APPLY) | |
| Grab, Push, Pull, or Body Weight PepperBall - OC Powder PepperBa | | | | | | | Lethal Weapo | on System Di | scharges | Number of | Target |
| Pressure Point (Duration:) (# of Contacts:) 37 mm Rifle - Standard 37 mm Rifle - Low Energy 38 mm Rifle - Sponge | ☐ ☐ ☐ Grab, Pus | sh, Pull, or Bod | y Weight | | | = | | C Powder | | | |
| Strike (Body part used:) (# of Contacts:) | = | (2 4.4. | , | | | | | | | | |
| Takedown Type: | | | , , | | | = | | | | | |
| Carotid (Rendered Unconscious? Yes No) (Duration:) 40 mm Rifle - Sponge Taser - Protes Taser - P | | ` ' ' | d.) (# or contacts.) | | | | | | | | |
| OC Agent (Duration:) (# of Contacts:) | ☐ Carotid | (Rendered Unco | onscious? Yes No | (Duration:) | | 4 | 0 mm Rifle - S | ponge | | | |
| Decontaminated Yes No | X Tool/Device/ | /Weapon | | | | = | | _ | | | |
| Cord Cuff Restraint Device (Duration:) Sound/Light device Sound/Ligh | | | | | | = | | | | | |
| Impact Weapon (# of Contacts:) | | | - | | | | • | | | | |
| Type: | | | ` , | | | = | • | | | | |
| Canine (Duration:) (# of Contacts:) Canine (Duration:) (# of Contacts:) | | r rroupon (| ,, or contacto. | | | | • . | | | | |
| Vehicle/Forcible Stop | | e (Duration: |) (# of Contacts:) | | | R | EACT Belt | _ | | | |
| Type: | ☐ Vehic | | | | | | | | | | |
| Pro-Straint Chair X Other: The Wrap 1 | _ <u> </u> | on Pointed at S | Subject (Duration:) | | | | | | | | |
| Tactical Shield WRAP WAS INITIAL USE OF FORCE EFFECTIVE? X Yes No SUBJECT INJURED EXTENT OF TREATMENT OFFICER(S) INJURED EXTENT OF TREATMENT Yes No None XTreated at hospital Treated at scene Hospitalized Refused treatment SUBJECT INJURY DESCRIPTION OFFICER INJURY DESCRIPTION OFFICER INJURY DESCRIPTION OTHER FORCE USED/COMMENTS/EQUIPMENT PERFORMANCE: SERGEANT ARJIS DATE MARK FIGURE TO INDICATE FIGURE TO INDICATE FORCE USED/COMMENTS/EQUIPMENT PERFORMANCE: ARJIS DATE ARJIS DATE MARK FIGURE TO INDICATE FORCE USED/COMMENTS/EQUIPMENT PERFORMANCE: | | • | on:) | | | _ | · · · · | | | | |
| WAS INITIAL USE OF FORCE EFFECTIVE? X Yes No WAS ADDITIONAL CONTROL OR FORCE NEEDED? Yes X No SUBJECT INJURED EXTENT OF TREATMENT X Yes | = | | | | | X Other | : The Wrap | | | 1 | |
| WAS INITIAL USE OF FORCE EFFECTIVE? X Yes No WAS ADDITIONAL CONTROL OR FORCE NEEDED? Yes No SUBJECT INJURED EXTENT OF TREATMENT X | | | | | | | | | | | |
| X Yes | | | FFECTIVE? X Yes | □No | | WAS | ADDITIONAL | CONTROL OR | FORCE NE | EDED? Yes | X No |
| Treated at scene Hospitalized Refused treatment SUBJECT INJURY DESCRIPTION OFFICER INJURY DESCRIPTION OFFICER INJURY DESCRIPTION OFFICER INJURY DESCRIPTION OFFICER INJURY DESCRIPTION SERGEANT LIEUTENANT ARJIS DATE MARK FIGURE TO INDICATE | SUBJECT INJURE | ED EXTEN | T OF TREATMENT | | | OFFICER | (S) INJURED | EXTENT OF | TREATME | NT | |
| SUBJECT INJURY DESCRIPTION OFFICER INJURY DESCRIPTION OTHER FORCE USED/COMMENTS/EQUIPMENT PERFORMANCE: SERGEANT LIEUTENANT ARJIS DATE MARK FIGURE TO INDICATE CONTACT | XYes □No | | | | 4 | Yes | X No | | | | |
| SERGEANT LIEUTENANT ARJIS DATE MARK FIGURE TO INDICATE FIGURE TO INDICATE CONTACT | SUBJECT INJURY | | | i Refused treatmei | nt | OFFICER | INJURY DES | | scene IH | iospitalized LIRetu | ised treatment |
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| SERGEANT LIEUTENANT ARJIS DATE MARK FIGURE TO INDICATE CONTACT | | | | | | | | | × ×× | | - X |
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| SERGEANT LIEUTENANT ARJIS DATE MARK FIGURE TO INDICATE CONTACT | | | | | | | | 用M | M M | 163. 16 | 71 |
| LIEUTENANT ARJIS DATE ARJIS DATE MARK FIGURE TO INDICATE INDICATE OCUMENTO | SERGEANT | | | ARJIS | DATE | | | (I | 分屬 | 一个一种 | |
| ARJIS DATE INDICATE | | | | ARJIS | DATE | | | | y M | MA , | ¥(|
| CAPTAIN POINT(S) | CAPTAIN | | | ARJIS | DATE | <u> </u> | IN C | DICATE ONTACT | * | | |



San Diego County Sheriff's Department Use of Force Supplemental

Use of Force Supplemental Instructions

Lines 1 & 3: Fill in the blanks.

<u>Line 2</u>: If the suspect was committing a crime and force was used to stop or apprehend the subject, document the appropriate penal code. If the UOF occurred in the performance of the officer's duties, document the incident description, i.e. officer transport, officer escort, making arrest, detaining suspect, cell extraction etc.

Primary Reason for Using Force: Check appropriate box(s).

<u>Subject Appeared To Be</u>: Check if applicable.

Number of Officers on Scene: List number of officers present.

Number of Officers Using Force: List number of officers that used force.

Level(s) of Resistance Encountered: Check appropriate box(s).

<u>L.E. Tool/Technique Used</u>: Check appropriate box(s). If known and/or applicable, include duration (approximate length of time) tool/technique was used. If known and/or applicable, include the number of contacts (approximate number of strikes, impacts, etc.) when requested on form.

<u>Was Initial Use of Force Effective?</u> If initial force used was effective, check "Yes." If initial force used was ineffective and additional force was necessary, check "No."

<u>Was Additional Control or Force Needed</u>: If initial force used was ineffective and additional force was necessary, check "Yes." If initial force used was effective, check "No."

<u>Target Distance</u>: If applicable (refers primarily to less lethal weapon systems), approximate distance or provide range (i.e. 7-15 feet, 15-20 yards, etc.) from subject during application of force.

<u>Subject Injured</u>: Check "Yes" if medically treated for injury sustained as a possible result of force applied by a officer(s) – does not include previous injuries suffered prior to officer contact. Check "No" if subject was not injured or simply complains of injury/pain suffered as a result of force applied by an officer(s) and refuses medical attention. Any complaints of pain shall be documented in the use of force report narrative (whenever any physical force used by a officer results in a complaint of injury or an injury that necessitates medical treatment of a subject, a supervisor will be notified immediately).

Extent of Treatment: Check appropriate box. Check none if subject was evaluated and no treatment was required. Specifically, check "Treated at Scene" if subject was treated at scene by EMS for injuries that may have resulted due to force applied by officer(s). Check "Treated at Hospital" if subject was transported to hospital for treatment of injuries that may have been sustained as an apparent result of force applied by officer(s). Check "Hospitalized" if subject was admitted to the Hospital as a result of injuries that were sustained as a result of force applied by officer(s).

Officer Injured: Check appropriate box (see above).

Extent of Treatment: Check appropriate box. Check none if officer was evaluated and no treatment was required. Specifically, check "Treated at Scene" if officer was treated at scene by EMS for injuries. Check "Treated at Hospital" if officer was transported to hospital for treatment of injuries. Check "Hospitalized" if officer was admitted to the Hospital as a result of injuries.

<u>Other Force Used/Comments/Equipment Performance:</u> This section can be used to document other force options not listed on the form; relevant comments about the incident such as complaints of pain/injury (room permitting) and negative/positive comments regarding equipment performance.

Mark Figure to Indicate Contact Points: When applicable, mark the areas on the figure where applied force contacted the subject's body.

Sergeant: Sign, list ARJIS number and date reviewed.

<u>Lieutenant</u>: Sign, list ARJIS number and date reviewed.

Captain: Sign, list ARJIS number and date reviewed.



Case No: **18150386**

Evidence Sheet No: 001

1

Page 1 of 1

GENERAL CASE INFORMATION REPORTING AGENCY: SH - Sheriff CALL FOR SERVICE NUMBER (CAD) OFFENSE TYPE: DIVISION: BILLING CODE: SEARCH WARRANT NUMBER: 273.5 (A) - PC -SDSO - SD RAM - Ramona SPOUSAL/COHABITANT ABUSE E5260303 Substation Sheriff's Office WITH MINOR INJURY (F) DATE OF INCIDENT INCIDENT LOCATION (CITY, STATE, ZIP): KEY CASE NUMBER: Montecito Rd Ramona, CA 92065 9/27/2018 5:15:00 PM DIVISION: REPORTING OFFICER SH0081 - WILDS, JESSICA SH0081 **North Coastal Station** ASSIGNED DETECTIVE SH3771 SH3771 - SOBCZAK, EVAN **Ramona Substation**

| | OUTSIDE AGENCY | | | | | | | | |
|-----------------|------------------------------------|---------------------|---------------|--|--|--|--|--|--|
| | | | | | | | | | |
| OA CASE NUMBER: | AGENCY NAME: | ASSIGNED DETECTIVE: | CONTACT PHONE | | | | | | |
| | | | | | | | | | |
| | AGENCY ADDRESS (CITY, STATE, ZIP): | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

INVOLVED PEOPLE **EVIDENCE INFORMATION SECTION** OA Item/TAG # **COMPACT DISC OF PHOTOGRAPHS** 1.1 MAKE / MANUFACTURER: CALIBER: SERIAL NUMBER 1311 - Recording - Interview or Case related - Video/Photo CD, DVD, Tape, Film, Digital storage, Negative SEARCH WARRANT: PROPERTY STATUS: ES - Evidence (Seized) PROPERTY DISPOSITION DATE/TIME RECVRD / SEIZED: CSI PFIN Stored 9/27/2018 7:15:00 PM DRUG TYPE DRUG QUANTITY DRUG MEASURE: NOTES



CAD Event No E5260303 Case No 18150386

81371 Report No.

| | | | | | GI | ENERAL | CASE IN | FORMATIC | ON | | | |
|------------------------|------------------------|-------------------|--------------|---------|------------------|--------------|-------------------|--------------|------|------------------------------------|-----------|---------------|
| Special S | tudies: | | | | | | | | | Related Cases: | | |
| | City, State, | | nona, CA 92 | 2065 | | | | | | Occurred On: 9/27/2018 3:45:0 | 00 PM (Th | ursday) |
| Jurisdiction Ramon | on: na - RAM | ONA | | | Beat: 430 | | Call Sourc | e: | | (and Between): | | • |
| | | | | | | IN | IDIVIDU | AL/S | | | | |
| Name: CARMONA, JOSE | | | | | | Person Code: | | | | Interpreter Language: EN - English | | |
| | | | | | | ALIAS / AKA | A / NICKNAI | ME / MONIKER | : | | | - |
| Home Ad | dress, City, | State, ZIP: (b)(5 |)(A) | | | Res. Cou | untry: NITED S | TATES | 1 | nty Residence: Resident | | Undocumented: |
| Race: | Sex: | | irth / Age: | Height: | Weight: | Hair Cold | or: Eye | Color: | Faci | al Hair: | | Complexion: |
| Н | М | (b)(5) | (A) - 43 | 5' 5" | 130 lbs | BRO | BF | RO | | - Full Beard and stache | | TAN - Tanned |
| | ent Status: employe | d | Occupation/G | Grade: | Employer/Scho | | | | Emp | oloyer Address, City, Stat | te, ZIP: | |
| | | | | | | | ACT INFOR | | | | | · |
| | | | | | | 10 | DENTIFICA | | | | | |
| Type: | | | | Number: | | | Sta | ate: | | | Country: | |

CA - California **DLN - Drivers License Number** (b)(5)(A)Violent Crime Circumstances: Injury: Extent Of Treatment:

Subject Injury Description:

Officer Injury Description:

REPORT NARRATIVE

ORIGIN:

On October 17, 2018, I was assigned by Lt. Davis to conduct a follow up interview in regards to a use of force incident involving Jose Carmona. I found Carmona was still incarcerated at the Sheriff's George Bailey Detention Facility.

DEPUTY'S OBSERVATIONS AND ACTIONS:

I contacted Carmona in a "Pro-Visit" room in the detention facility. I introduced myself and explained the reason I was there to see him. I advised him he did not have to speak with me if he chose not to and he did not have to answer any of my questions if he so desired. Carmona stated he understood.

While talking with Carmona, I took the opportunity to study his face. I noticed he had a very slight discoloration around his left eye, forehead, and cheek. I did not see any other abnormality.

I began by asking Carmona if he recalled the day of his arrest. Carmona stated he was very drunk that day and did not recall much of the incident. I asked him if he recalled being contacted by deputies in his apartment and he stated he did. I asked him to tell me about that contact and he again stated he could not recall much because of his high level of intoxication.

I asked him to tell me what he did remember. Carmona stated he recalled deputies coming to his home and placing him under arrest. He was being walked to the patrol car when he fell to the ground. Deputies then got on top of him and began pushing and moving him. He did not recall much after that.

I told Carmona I had reviewed the video from the body cameras the deputies wore during the incident. I asked if he wanted to hear what I had seen and he stated he did. I told Carmona the video showed deputies placing him under arrest and escorting him to a patrol vehicle. As everyone neared the patrol vehicle, Carmona dropped to the ground. Deputy Germain talked to Carmona and instructs him to stand up and get in the patrol vehicle. When Carmona refused to comply, Deputies Germain and Johnston picked him up and start to place him in the patrol vehicle. Deputy Wilds went around to the other side of the

| Reporting Officer | Division / Organization | Reviewed By |
|--------------------------------------|---|---|
| SH4604 - SHEPPARD, JEREMY | RAM_PAT / RAM - Ramona Substation | SH4678 - BUCKLEY, JOHN |
| Report Date 10/26/2018 7:00:27 PM | Detective Assigned SH3771 - SOBCZAK, EVAN | Reviewed Date 10/27/2018 10:21:55 AM |



CAD Event No. **E5260303**

Case No. 18150386

Report No. **81371**

Page 2 of 2

patrol vehicle and started to pull Carmona in when she loses her grasp on him. At that point, Carmona kicked Deputy Germain in the stomach. That is when Deputy Germain hit Carmona in the face one time. After that, Carmona complied and was placed in the patrol vehicle without any further incident. Carmona was later transported to the patrol station where he was evaluated by paramedics.

After telling Carmona what I had watched on the video, he said, "Yeah, I probably deserved that." I asked him what he meant by that. Carmona stated again he was really intoxicated and he did not recall his actions from that incident. I asked Carmona how he was feeling and if he had any issues with where he was hit. Carmona said he was fine and did not have any complaints.

I told Carmona I had seen two women in the video during the incident. I described the women to him (one being younger and the second being older) and he believed the younger woman was woman was.

After speaking with Carmona, I asked him if he would be willing to sign a Medical Release form. Carmona agreed and signed the form. I later provided the form to Detective Sergeant Samuels.

I returned to the apartment complex and went to Carmona's apartment. I attempted to contact (b)(5)(B) but she was not available when I arrived. I gave my card to her son and asked for her to call me when she could. On October 19, 2018, I had a missed call on my work desk phone from (b)(5)(B) I called her back and left another message for her to call me back. As of the completion of this report, I have yet to make contact with (b)(5)(B)

I made phone contact with Division of Inspectional Services Sergeant Perkins and informed him of the incident.

| Reporting Officer | Division / Organization | Reviewed By |
|-----------------------------------|---|---|
| SH4604 - SHEPPARD, JEREMY | RAM_PAT / RAM - Ramona Substation | SH4678 - BUCKLEY, JOHN |
| Report Date 10/26/2018 7:00:27 PM | Detective Assigned SH3771 - SOBCZAK, EVAN | Reviewed Date 10/27/2018 10:21:55 AM |



San Diego County SHERIFF'S DEPARTMENT

Post Office Box 939062, San Diego, CA 92193-9062

MEDICAL RECORDS RELEASE

| PATIENT'S | NAME: | JOSE | CAR | Anon | | | | DATE: | Lo | 11718 | |
|-----------------------|---|--------------------------|-----------------|--|-------------|---------------|----------------------------------|------------------------------|----------|--------------|--------|
| PATIENT'S | BIRTH D | ATE: | (b) | (5)(A) | | | | RECORD: | | | |
| I, the Unde | rsigned, do | hereby | author | rize and request, | | | | | | | |
| _ | | | | | | | | | | | |
| | (Name of facility or physician) | | | | | | | | | | |
| | To release the below-described medical records in your possession concerning my examination ar treatment to: | | | | | | | | | ation and/o | or |
| | SAN DIEGO COUNTY SHERIFF'S DEPARTMENT | | | | | | | | | | |
| - | (Investigat | tor) | | | | | | | | | |
| - | (Address) | | | | . 10 | | | | | | |
| - | (City, Sta | te, Zip Co | ode) | | | | | | | | |
| PURPOSE | for release | e: | | Continuity of care | е 🗀 | Oth | er, <i>i.e.</i> investi | gation | | | |
| SPECIFIC | records to | release: | | HIV test results | | Oth | er: | | | | |
| By paper, o | oral, and el | ectronic r | neans | any and all of my | medical r | ecord | s listed below | , including b | ut not | limited to: | |
| | MEDI | CAL injur | es, illr | nesses, conditions | | HIV | test results | | | | |
| | ☐ MEN1 | TAL illnes | ses, c | conditions | | ALC | COHOL/DRU | G abuse | | | |
| I | or the time | e period o | of: | 9/27/18 | | | | | | | |
| disclosure person rec | by the reci eiving my l | pient and nealth info | no lo ormati | ical information us nger protected by on from making fu n disclosure is spe | federal pri | vacy osure | regulations (F of it unless a | IIPAA). Cali nother autho | fornia | law prohibi | |
| | | | | any time prior to th without further not | | | e information. | In any case | , this a | nuthorizatio | n will |
| I understar | nd that I ma | ay receive | e a co | py of this release f | or my reco | ords. | | | | | |
| | | | OPV | DECEIVED | | | COPY NO | T RECEIV | ΈD | | |
| SIGNATU | (b)(| (5)(B) | | | ENTAT | IVE) | S 4-2-7 | DATE: | / | 0-17 | -18 |
| If not signe | ed by patie | nt, specif | y basis | s for authority to si | ign: | | | | | | |
| | Attorn | ey-In-Fa | ct For | Health Care (Atta | ich a copy | to thi | s authorizatio | n) | | | |
| | ☐ Other | (Attach | a copy | to this authorizat | ion): | | 15.1 | | | | |